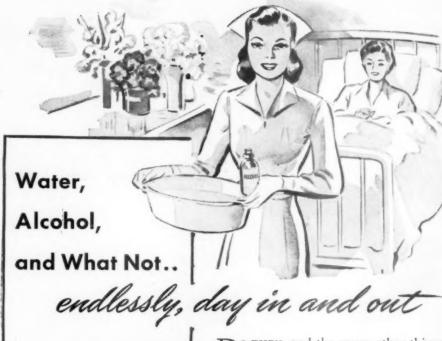
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A JOURNAL FOR NURSES

JANUARY 1942





Do they, and the many other things to which professional hands are so constantly exposed, make soft, smooth hands a problem for you?

They need not! For an untold number of nurses Pacquins Hand Cream keeps hands charmingly lovely. Nongreasy, it vanishes quickly, yet leaves your hands effectively protected.

Dermatologically it is all that a truly fine hand cream can be: it is non-irritating, does not dry out the tissues.

If you are not yet familiar with this delightful and necessary accessory, let us send you a complimentary professional sample.

PACQUINS
Hand Cream

PACQUIN, INC.

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IN This ISSUE

January 1942

Vol. 5, No. 4

Debits and credits	2
Memo from the editor	13
War is like this	14
Sister Kenny	16
Your 1941 tax Elliott Hunt Marrus	17
Proble	20
Science in the news	
Do's and don'ts for the duration	22
Quick facts about shock	24
Front lines of defense Elsa Gidlow	27
Collectors' corner	29
When we were very young Roberta Matthews Roberta Matthews Roxann	30
Lois Oakes SRN	34
Interesting products	65
Positions available	67

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A JOURNAL



FOR NURSES

Webits AND CREDITS

SWINDLER

Dear Editor:

A Mr. Andrew J. Skelton, a discharged employee, is continuing to represent The Times Sales Company without authority.

This man is swindling Ohio nurses out of sums of from one dollar to three dollars and ninety-five cents, on a combination book and magazine proposition, using a cook book or a dictionary as a premium.

Please issue a warning to the nurses in Ohio and Indiana to be on the look-out for Mr. Skelton and to notify the proper authorities if he appears.

S. P. Magee The Times Sales Co. Chicago, Ill.

LONDON LETTER

Dear Editor:

I certainly enjoy reading your instructive and interesting articles—especially the "London Letter" from Lois Oakes, s.r.n. This feature appeals to me particularly because I graduated in London, served three years and nine months with the B.E.F. in the last world war, and because my home town is Colchester, referred to in Miss Oakes' October letter.

Colchester is a beautiful old Roman town, chartered in 46 B.C. It is supposedly named after Old King Cole. I wish I could tell you more of its fascinating history but that would take too much space.

(Mrs.) H. D. Craig, R.N. San Antonio, Texas

REGISTRATION

Dear Editor:

The California State Board of Nurse Examiners has requested that we write to you about registration requirements in California.

It is illegal to be employed in California as a graduate or professional nurse unless registered in this State. We find that many nurses are coming to California who are unaware of this fact.

We urge that no nurses come to California until they have submitted applications and learned from the Board of Nurse Examiners that they are eligible for registration.

> Helen F. Hansen, R.N. Executive Secretary Board of Nurse Examiners Sacramento, Calif.

[Openings for registered nurses have been reported in California as well as in other States. This letter is not intended to discourage nurses from seeking employment, but to point out California's nurse-practice requirements.—THE EDITORS.]

AMEN

Dear Editor:

In "Debits and Credits" for August is a letter headed "Protest," signed by R.N., Lubbock, Texas, which gave me a great deal of pleasure. I do not know who wrote it, but I do know she is one of my particular flock. Her letter expresses my hopes and aims: that nurses must realize that those things which we work for we get pleasure and satisfaction from, those which are handed to us we do not appreciate. I want to thank the nurse for her "protest."

The student who wrote "Reverse English" has something which will carry her through many hard times—a sense of humor. May she keep it always and use it in the right place at the right time.

the right place at the right time.

I should like to say "amen," which means "so be it," to the little "Attenshun." The suggestions are timely and important.

A. Louise Dietrich, R.N. General secretary Texas Grad. Nurses' Assoc. El Paso, Texas

HOME DEFENSE

Dear Editor:

I have found the current and back issues of R.N. very helpful as references for a class in Red Cross home hygiene and care of the sick I am teaching as part of our home defense program.

Some members of my class pioneered



1. I find canned fruits very convenient, but are they as good for my family as the kind prepared at home?

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A. Certainly. The principal dietary values of fruits are carbohydrates, vitamins, and minerals. The canning process does not affect the carbohydrates or mineral values of fruits. Also, canning has little or no effect on the vitamins in this type of food. Even vitamin C, the most easily destroyed of the vitamins, is well retained in canned fruits, because of the high degree of protection from oxygen during the canning process. (1)

American Can Company, 230 Park Avenue, New York, N. Y.

1932. J. Am. Med. Assoc. 98, 1429
 1938. Nutrition Abstracts and Reviews 8, 281.
 1938. J. Am. Med. Assoc. 110, 650.
 1940. J. Am. Diet. Assoc. 16, 891.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association. in Arizona many years ago. When I demonstrated procedure in the room-care of a scarlet fever case, one old-timer sighed, "If I had only known some of these things

thirty-five years ago!"

Although I am a substitute nurse, I am frequently called out in the middle of the night to give emergency help. This may be because the nearest doctor is twenty-two miles away. At any rate, R.N. has filled a long-felt need.

R.N., Skull Valley, Ariz.

DISPUTED PASSAGE

Dear Editor:

In a recent issue you invited criticism of R.N.'s articles. I enjoy them and the peppy way in which they are presented. However, I cannot agree with the reviewer of Minnie Goodnow's book, "Technic of

Nursing."

The first criticism reads: "But she has not been so thorough or so informative about the technique of good nursing from the mental point of view." I trained under Miss Goodnow and in my class was a fine, bright nurse who had had a stunning blow in her personal life. It so affected her that there was danger of her committing suicide. Through Miss Goodnow's personal help, she finally overcame her trouble and, for years, has held positions of responsibility in large cities.

Miss Goodnow has a rare grasp of mental hygiene and has used it for the good of her nurses all through the years she has been a superintendent. She has the faculty of being a friend to her subordinates and at the same time commanding their respect. The chapter of her book, "The Patient's Comfort," gives in a few paragraphs a fine insight into the causes of a patient's mental unrest.

The reviewer also criticizes the opening paragraphs as a discussion of cleaning methods in hospital housekeeping. Isn't it of supreme importance to keep a hospital clean? Isn't it one of a nurse's chief duties to fight disease germs wherever they are found?

I am sure if the reviewer of "Technic of Nursing" knew Miss Goodnow as I know her, the review would have been

different.

Zula Pasley, R.N. Harristown, Ill.

le

[Miss Goodnow's splendid personal and professional attributes are well known to us. R.N.'s review of "Technic of Nursing" attempted an objective appraisal of the book itself, and in no way disparages its author.—THE EDITORS.

HIGHER EDUCATION

Dear Editor:

I am a male nurse and a new recipient of R.N. Your August news department carried quotations from a speech of Dr. Frank Lahey's on nursing education and legislation which interested me.

Perhaps it is the masculine point of view, but I must admit that Dr. Lahey expresses my own views emphatically. I have, for some time, been opposed to elevating nursing requirements beyond the point of reason. And I think that such a point was passed some time ago. . .

We in the nursing profession should be a little more careful to keep a true perspective as to our own importance, even in the field of healing. In recent years too many of us have been getting too big for

for Dysmenorrhea

TIME Tablets combine the well known Viburoum with Hydrastis and Piscidia Erythrinia in a quick-acting, palatable tablet. Physicians have prescribed these ingredients for many years. TIME Tablets are an herb preparation. They are safe; no opiates, narcotics or dangerous drugs. Registered Nurses are invited to send coupon for sample package to, The HERLEN CORPORATION, Dept. R.N. 142 Roselle Park, N. J.

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The	HERLEN	CORPO	RATION.	Dept.	RN	142.	Roselle	Park.	. 14.	1.
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THE SLOWER-BURNING CIGARETTE MEANS LESS NICOTINE IN THE SMOKE!

Most physicians concede that the leading constituent of cigarette smoke from a physiologic standpoint is nicotine.

Medical—research authorities* find that the slower-burning cigarette produces less nicotine in the smoke, Camel's scientific tests** show that Camels burn slower and that the smoke of Camels contains less nicotine than the average of the other brands tested.

When suggesting a program to improve a patient's smoking hygiene, you may find it of value to recommend Camel, the slower-burning cigarette.

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Camel offers a double advantage: Besides the reduction of nicotine intake (and all that this implies in the lessening of physiologic irritation), Camel gives more assurance of your patients' cooperation. Camel's slower-burning, costlier tobaccos maintain the essential "pleasure factor" in smoking.

*J.A.M.A., 93:1110, October 12, 1929
Bruckner, Die Biochemie des Tabaks, 1936
** The Military Surgeon, Vol. 89, No. 1, p. 7, July, 1941

A RECENT ARTICLE by a well-known physician in a national medical journal presents new and important information on the subject of cigarette smoke and the burning rate of cigarettes. A comprehensive bibliography is included. Let us send you a reprint of this article for your own inspection. Write to Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

CAMEL

THE CIGARETTE OF COSTLIER TOBACCOS

our boots. Certain services to our patients have become too menial for professional nurses. We have started to nurse *charts* and neglect patients, and we're not doing too good a job on the charts either. As a result, and prior to the defense boom, the practical nurse has been fast supplanting us.

Also, we have been losing our perspective in regard to our educational requirements. I believe in education and approve the individual's getting all he can. Unfortunately, however, I studied economics before I studied nursing and as a result I fail to see any nursing salaries that return an equitable interest on the investment necessitated by the new educational requirements, let alone return of the principle. No business man would call an investment sound under such conditions.

New standards bar many good nurses from training and encourage others who would not make good nurses if they lived

a thousand years.

I do not advocate dropping all educational requirements. Under-education would be worse than over-education. But a middle-road policy of requirements would be better, because it would admit the instinctively fine nurse from the lower income brackets, and weed out the student who is not personally qualified to succeed.

Would it not be better to make nursing a four year course and add to the curriculum of training schools those cultural subjects which will round out and supplement the professional training of our future nurses?

Again, in the field of legislation, there is a definite need for a little more common sense and uniformity. Instead of barriers to the flow of nurses across State lines, we should legislate so that the entire nursing force of the nation could be mobile and able to cross boundaries ad lib, to swoop down on any unhealthy localities as do the white blood cells to a point of bacterial invasion.

Beyond that, I do not dare let myself go on the subject of legislation right now. I have just read one of the most recent pieces of nursing legislation and my re-

marks would be unprintable.

Harvey Macuen, R.N. Belmont, Mass.

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"SAIRY GAMP"

Dear Editor:

I hope it is not too late to comment on an article which appeared in the May issue of R.N.

Now I like Roxann. She is delightfully human and most refreshing. But in her article, "Maybe It's the Wrong Word," may I suggest that Mrs. Smith, like Sairy Gamp, is only a caricature, not to be taken seriously as typical of her class.

By way of contrast, I should like to tell you of "Mrs. King," who is a real person. She has no degree, wears no pin nor uniform, makes no pretense of being other that what she is—a good practical nurse. But she has earned the confidence and respect of doctors and patients alike.

Mary, my neighbor in a country village where even elderly ladies are known by their Christian names, suffered a broken arm and, simultaneously, a severe stomach ailment. She is by nature none too patient and when she came home from the hospital she had developed a decided "grouch" against doctors and nurses in general.





A NURSE CAN HAVE BEAUTIFUL HANDS

Your work requires frequent and necessary hand cleansing. But, with proper care there is no reason why you should sacrifice hand beauty. Toushay is ready to help you...it is a skin lotion which acts on a *new* principle. Use Toushay before washing or immersing the hands. With this lotion you can not only relieve harsh, dry skin, you can help protect against its occurring.

Apply Toushay to your hands regularly, before and after wetting the skin. Soft, pleasing hands are an important part of your profession...let Toushay help you to retain them. You can not afford to take chances with roughness which may lead to annoying complications.

The nursing profession is showing real interest in TOUSHAY for both themselves and their patients' comfort. Have you tried it, yet? Write for your trial bottle.

BRISTOL-MYERS COMPANY

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New York, N. Y.

Then came Mrs. King of the quiet voice and the gentle hands, and the Angel of Peace folded his wings over Mary's little home. Almost without apparent effort, she kept the house spotlessly clean; she cooked simple meals; she bathed and massaged Mary's aching limbs. At night she slept on a couch beside her patient's bed. No eight-hour duty for Mrs. King! She did all this for twelve dollars a week which, in our community, is a good round sum. Mary recovered completely, in body and mind.

Mrs. King may not be the typical practical nurse...but we would do well to remember that while there may be Mrs. Smiths, there are also Mrs. Kings...

Nellie M. Willett, R.N. Albany, Wis.

CIVIL SERVICE

Dear Editor:

A large majority of the qualified nurses working in State hospitals in New York State are taking a great interest in competitive Civil Service.

Although attendants now have Civil Service, powerful pressure is being brought to bear to prevent State Hospital nurses from having the same protection and other privileges that only go with a competitive status.

Under the present set-up in State Hospitals, promotion to charge nurse and supervisor is up to the superintendent and principal of the school of nursing. These positions are still being filled by unqualified nurses who obtained their R.N. by waiver and are unable to pass a com-

petitive examination. When the positions higher up in institutions are filled with poorly trained executives there is very little chance for the younger graduates to obtain recognition.

Do any of your readers know just how State Hospital nurses can get into the competitive class or when the Civil Service Commission will decide that nurses' positions should be on a competitive basis?

GRAPES OF WRATH

Dear Editor:

I recently read with great interest a letter entitled "Pet Peeves", [D & C, September] and wholeheartedly agree with its writer. In fact, I should like to add a few remarks of my own!

The State associations have forgotten what they were organized for and had better wake up. They now have to deal with nurses who have a much higher educational background than formerly. I am convinced that the State associations have planted the seeds of their own destruction in demanding so much and giving so little.

By all means, let us have our status changed in Washington from "domestics" to "professional women." Nurses are 100 per cent patriotic, and 100 per cent in back of our President and our country, but it is a little difficult to be deemed, like soldiers and sailors, heroic only in times of distress or war.

Margaret Ryan, R.N. New Haven, Conn.



As a Mouthwash

In the sick room

It coagulates and clears away offensive matter

Why 3 Gerber Baby Cereals?

Gerber's Cereal Food BECAUSE...

It is a wheat cereal enriched in iron and Vitamin B₁, easily digested and low in fibre. Also it's really tasty, a feature mothers appreciate.

Gerber's Strained Oatmeal BECAUSE ...

It offers the full nourishment value and flavor of thoroughly cooked whole oatmeal with (to the mother) the added convenience of being ready to serve. Especially useful in the case of infants allergic to wheat.

Gerber's Cooked-in-Milk Cereal BECAUSE...

Being cooked in milk, it contributes an extra measure of calcium and phosphorus to the infant diet.

by the makers of

Gerber's
Baby Foods



	Support Control
Gerber Products Co. Dept. 351, Fremont, Mich.	E E
Gentlemen:	

You may send samples of the 3 Gerber cereals together with a Professional Reference Card to the following address:

NAME		R.N
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STATE

Children, mothers, gra



I. Children, mothers, grandmothers—120 people tested Swan against 5 of the finest imported castiles. Place: laboratory of a leading pathologist. Procedure: one hand in Swan suds, the other in castile suds. In for 60 seconds—out for 30 seconds— 20 minutes in all, 3 times a day for 2 weeks. Hands were examined twice daily for any manifestations: redness, roughness, dryness, etc.

3. Analytic is as pure tiles. And used in Sw fined to re harmful al ing matter

MADE

Findings show this new, pure, floating soap is as mild as imported castiles

In RECOMMENDING a soap for a child or a grownup, every doctor naturally asks—"How pure is it? How mild?"

On both counts, fine imported castile has long enjoyed a high standing in the medical world. But such castile is costly. It is now hard to get.

That is why you'll be interested to learn about Swan—the new low-priced floating soap that is as pure and mild as finest imported castiles. Read the convincing evidence, revealed by exhaustive tests herewith.

SWAN FLOATING SOAP

Pure and Mild as Finest Imported Castiles

grandmothers help test SWAN



2. Findings: On nearly 80% of all subjects, Swan was as mild in its reaction on the skin as fine, imported castiles. 43% reacted more favorably to Swan. 23% reacted more favorably to castile. 60.8% of all children showed even more favorable reaction to Swan than to castiles.

3. Analytical breakdowns reveal that Swan is as pure as finest imported olive oil castiles. And little wonder! The fats and oils used in Swan are of the highest grade, refined to remove impurities. Swan has no harmful alkali or free fatty acid. No coloring matter. No strong perfume.





4. Your patients will prefer Swan for other reasons, too. It costs no more than old-style floating soaps. Yet Swan suds twice as fast, even in hard water. It is firmer. It lasts and lasts. It is smoother, finer-textured.

MADE BY LEVER BROTHERS COMPANY, CAMBRIDGE, MASS.



Many Nurses as well as Physicians use Glyco-Thymoline to help heal and soothe the membranes of the nose and throat which are so often irritated by common colds and ordinary sore throats. Now v needs outline ing do hope ask yo I serve

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This effective alkaline solution is recommended and used by many Nurses, both in hospital and private practice to help promote the patient's comfort. Glyco-Thymoline is pleasant and cleansing when used either as a gargle or a spray.

GLYCO-THYMOLINE

* * * IT'S EVERYWHERE * * *



FROM THE
EDITOR...

• Well, we are in it—and already the war has changed the color of our thinking. Now we know where we stand, and what needs to be done. Back on page 22 we've outlined for you the most important nursing do's and don'ts for the duration. We hope you'll find them helpful when you ask yourself the inevitable "Where shall I serve?"

公

By this time, you've read in your daily newspapers most of the details of the vast nursing recruitment program now under way. Our latest figures, received direct from Washington on December 29th, disclose that 50,000 R.N.'s will be needed for active duty in the Red Cross first reserve. That is about one-third of the membership of the A.N.A.—and probably about 25 per cent of all nurses under 40. There is every reason to believe that even this unprecedented quota will be increased as 1942 progresses.

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It seems quite clear that in order to carry the burden of hospital nursing, more professional nurses will have to be prepared. Facilities of nursing schools will have to be enlarged, and money provided hospitals to help pay the costs of expanding student bodies. Certainly the million-odd dollars already appropriated for nursing education will not be adequate. Don't be surprised, then, to find Congress again considering legislation to provide several million dollars more for this purpose. If and when such a bill appears, it is bound to have White House approval. From the

President down, the nation knows now the value of its nurses.

公

As long as the war lasts, R.N. is going to try to help you keep balance between practical and personal information. You'll find in this issue as much of both as we could fit between one month's covers.

N

Once in a blue moon an editor discovers an author and a manuscript as expert as Marta Wankowicz and her story of nursing during the invasion of Poland. Sometimes it's luck; sometimes it's a kind of editorial intuition. But whatever is responsible for bringing the material to light, there is nothing quite like the thrill of having the first chance to present so moving a tale to one's readers. We've excerpted some 5,000 words from the original 40,000 word manuscript, and the first installment appears as the lead article in this issue. Let us know how you like it.

13

With the cooperation of Capt. Rae Landy of the Army Nurse Corps, Governor's Island, New York, we made the picture for this month's cover. It shows the official field uniform of the Army's nurse-lieutenants. Did you know there are now 7,000 nurses on active duty in the corps? At the beginning of the last war there were only 403—but at its conclusion there were almost 23,000. This time we'll need twice as many. But whatever the need, nursing will meet it. The step-up in Red Cross enrollment since December 7th proves that.



War is like this

BY MARTA WANKOWICZ

With awe and admiration American nurses have read or heard about the wartime experiences of nurses in other countries. Since Sunday, December 7th, our kinship with them has immeasurably increased. With heightened interest we read what happened there, knowing that it can quite conceivably now happen here. In this hitherto unpublished journal, Marta Wankowicz, a Polish Red Cross nurse now studying in the United States, records moments and impressions of her life in a hospital in Chelm, Poland, caught between successive waves of German and Russian invaders. Excerpts from her journal appear for the first time in R.N. and will be continued next month.-THE EDI-TORS.

• On the twentieth of September [1939], just at noon, we had our last air raid over Chelm. I had just left the ward to go to the canteen—to eat quickly and return to distribute lunch to the patients. This was the only free time in the hospital day, a respite from dressings after all the cleaning up had been done in the wards.

Just as the head nurse was pouring gruel into my plate, we heard the planes come. We knew they were not ours. It was said that the Russians were already near Lwòw. These were not Russians, however, for we recognized the heavy, low growling of German bombers—and stiffened.

In the passage between the dining

room and the kitchen a small white group of nurses clustered. We heard the planes swoop down, very low. There was a second of dead silence; the whirling whistle of air, the loud fracas of a falling bomb; the quaking of the walls; the rattling of windows. Then a few quiet moments, poignant. That was all for the moment, but soon it would all be repeated; the shrieking air, the noise of a heavy burst; the walls; the window panes; silence.

The head nurse interrupted the distribution of the gruel. "Is anyone on duty in the wards?"

The nurses were almost all here. Only those from X-ray of Ward IV were still working.

"You must go, those of you who are not afraid," came the quiet voice of the head nurse. "When you go out, take off your aprons and caps. White is too good a target."

I laid down my spoon. It looked as if I wasn't meant to have my dinner. I was not afraid. I had just stopped reacting. But I had a childish feeling that if I did not go out now, the German aviators would know it all too well and would be able to laugh at me, having a right to taunt my cowardice. I rolled up my white apron and took off the nurse's cap. I went out to the vestibule where the open door framed a clump of sun-bathed trees. I had to go that way-fifty yards to Ward I, then twenty yards to Ward II. The chaplain came and stopped near me, wearing his stole, his missal in hand.

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^{*}Translated by Elizabeth T. Considine.



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We went toward the door. Suddenly another bomb. The violent gust of wind that followed slammed the door in our faces. The panes sang. The priest had caught my arm and pushed me into the doorway.

"It's safer under a door-frame, little sister. . ."

I hadn't time to ask why, because we sped outside. The short silent moments

right after an explosion were always safe. The chaplain disappeared into the First Ward. I had still twenty yards to go.

I ran, and reached the corridor where a familiar wave of stench swept upon me and overcame other emotions. I put on my cap, carefully tied my apron strings, powdered my nose, and entered.

My ward was tranquil and smiling, perhaps because there were five Germans there who had to be shown true Polish courage. They were afraid, burying their heads in their pillows or calling on us to put a big Red Cross on the hospital.

"That won't help," said one of our cadets amiably. "Your aviators would

bomb us even more."

Alexander Herm, his pale face drawn in profile on his pillow, was the only German who had kept quiet. Now he opened his eyes and said, "That's not true. Fuehrer has forbidden the bombardment of hospitals!"

"Why, then, does he allow your avia-

tors to machine-gun Red Cross trains?" asked Kolasinski, while his best friend Jozek Witos chimed in, "What are you lads afraid of? What's going to happen to you? At the worst your own Germans'll kill you. But that won't worry your Fuehrer much. For your Fuehrer, brothers, it's like a fly for a dog if you live or die!"

Always the reactions of the wounded during bombardments were varied. Some bragged in front of the Germans with careless courage, narrated anecdotes, sang, [Continued on page 50]



Tribute: In Queensland, Australia, school children start their day with a prayer for Sister Kenny and the furtherance of her crusade. In the United States that prayer may soon be echoed. For Elizabeth Kenny, Australian graduate nurse and instigator of a remarkable method of treating poliomyelitis, has at long last achieved recognition here in America. Witness the official approval of the National Foundation for Infantile Paralysis and the American Medical Association. Witness also the popular tribute accorded Sister Kenny in the lead story in The Reader's Digest for December. For her great discovery made thirty years ago in the Australian bush, nurses everywhere salute her. • The teenth d hope, h readers day wil America

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YOUR 1941 TAX

BY ELLIOTT HUNT MARRUS

(Member of the New York Bar)

• The Ides of March, 1942 (the fifteenth day of the month), will not, we hope, be as deadly for any of our readers as it was for Caesar—but that day will be a costly one for many Americans.

For it is on the fifteenth day of March, 1942, that the people of the United States will pay their heaviest income tax in the history of the country. People will pay from two to three and one-half times more income tax on their 1941 earnings than they paid on their 1940 income. For example, if you had a net income (after making all the deductions) in 1941 of \$1,800, you would pay \$36.08 as your federal income tax under last year's rates. Under the new schedules, your tax is \$97.80 (if you are single).

That's why it is essential for you to understand what deductions may be legally made so that you pay a minimum tax. The government neither expects nor wants you to pay more than you should—but it does demand that you make out a proper return and pay the amount rightfully due.

It is impossible to explain in one article all aspects of the income tax law. However, we will attempt to show you some of the highlights so that you may make out your return properly—and with the least possible damage to your pocketbook.

Must I file a return?

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All single persons who, during 1941, had a gross income of \$750 and all married persons who had, during the same period, an income of \$1,500 or

more must file returns. The mere fact that you have to file a return does not mean, however, that you have to pay a tax, because you are entitled to certain deductions.

Which form shall I use?

If your income is under \$3,000, you have the choice of using the old Form 1040 or the new, optional Form 1040A. The latter is being used this year because of the large number of new income tax payers in the lower brackets. It's a simplified form which contains a government-prepared chart showing the amount of tax required for various levels of income. This does not permit the taxpayer to show special deductions. Using Form 1040, you will be able to show and obtain credit for individual deductions and, likely, you will have to pay less tax.

Shall I file a joint return with my husband?

A husband and wife may file either joint or separate returns, as they wish. Before making up your mind as to which kind of return to file, compute your tax under the individual and joint returns. You probably will find that one of the methods will save you money, as compared to the other.

How do I compute income?

Your income includes all the money you have received during the course of 1941 from the following sources:

- 1. Salary, if you are an employee, including Army or Navy pay.
- 2. If you practice nursing as an individual, it includes all your fees.

3. Bonuses-Christmas or otherwise.

4. Tips, or presents, from patients and their families, or from your employer.

5. The value of your living quarters if they are furnished to you primarily for your own benefit and not for the

benefit of your employer.

6. Money, or the value of prizes, which you may have won in contests or gambling—bridge, for example. You may not deduct your losses except as they may lessen your winnings.

7. Dividends on corporation stock, whether made in cash or in other stock.

8. Interest on bank deposits, notes, corporation bonds, mortgages, etc.

9. Income from any other business 10. All interest on government obligations issued since March 1, 1941, is taxable.

11. Fees and royalties from your

writing, or from an invention.

12. Rents received from property. (To get this figure, first deduct all expenses of maintaining the property. Then, if the net figure does not show a profit, it may be deducted as a loss.)

Do not include as part of your income:

1. Property you receive by inheritance or bequest, or as a gift except when the present is given as a result of services you have rendered (e.g. Christmas presents from your employer, gifts from patients, or their families).

2. Money received as alimony or un-

der a separation agreement.

Money received as a result of personal injury, breach of promise, slander, or libel actions.

 Money received under an accident or health insurance policy, or as workmen's compensation.

What are my personal exemptions?

Every taxpayer is entitled to a certain personal exemption—\$750 for a single person, \$1,500 for the head of a family. "Head of a family" is one who

supports, in one household, people who are closely related by blood, marriage, or adoption. Thus, you may be the head of a family if your husband is not working, or if you are supporting relatives such as grandparents, parents, brothers, sisters, uncles, aunts, nieces, nephews, or legally adopted children.

What deductions may I make for my dependents?

You may deduct \$400 for each person to whose support you contribute more than half of the necessary amount. It usually applies to a child, under 18, but it may also apply to an aged parent, grandparent, or other person who is incapable of self support. If you are a head of a family, your \$1,500 exemption includes one dependent. (e.g. If you support your mother and a sister, you take the \$1,500 "head of a family" exemption, and only one \$400 deduction.)

What contributions are deductible?

As a general rule, you may deduct all contributions (up to 15 per cent of your net income) you make to any group which has been organized in the United States and is operated solely for charitable, religious, scientific, educational, or literary purposes. For example, include in your deductions, contributions made to your church, Red Cross, Salvation Army, Bundles for Britain, Inc., Y.W.C.A., U.S.O., S.P.C.C., S.P.C.A., recognized social service groups, scientific or medical research organizations, etc.

Is the interest which I pay deductible?

Yes. You may deduct all interest which you pay on loans, mortgages, the purchase of an auto, instruments, or other items on the installment plan.

What taxes are deductible?

The general rule is that you have the right to deduct all taxes which you paid in 1941 except:

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of nurses f

1. Federal income taxes

2. Inheritance, estate, or gift taxes.

3. Old age benefit taxes. (Commonly called social security taxes.)

4. Taxes for the improvement of your real property. (e.g. An assessment for laying a sidewalk.)

The following taxes may be deducted:

1. Gasoline taxes. These vary, in the different states from as little as two cents per gallon in Washington, D.C. to as much as seven cents per gallon in Florida. (In New York, it's four cents, New Jersey, three cents, Pennsyl-

vania, four cents.) However, you may not deduct gasoline taxes in Wyoming, Nebraska, Mississippi, Georgia, Alabama, California, South Carolina and Utah (in certain cases). A good way to compute this tax is to take the average amount of gasoline you use a month, multiply it by 12, then multiply that sum by the tax per gallon in your state.

2. The total amount you paid for your automobile license plates. If you bought a new auto in 1941, you may deduct 25 per cent of its cost as depreciation.

[Turn the page]



Teaching civilians

• For home defense, the Red Cross wants 500,000 civilian women trained in home nursing. To do this vast job some 15,000 R.N.'s must volunteer time and talent. Under A.R.C. auspices courses for mothers and girls have already begun all over the country, as shown in these pictures. They cover baby care, simplified nursing, and treatment of home emergencies. With this backlog of health informed women, the Red Cross could confidently release the necessary numbers of nurses for professional service.

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American Red Cross

3. Any annual professional license fees you may have to pay.

4. Sales taxes, such as the New York City sales tax. Until Oct. 27, 1941, this was two percent, after that date it became one percent. On alcoholic beverages, and on your gas and electric bills, the tax is three percent. The new Federal sales tax which went into effect Oct. 1, 1941 may not be deducted. State sales and use taxes may also be deducted only in those states in which they are paid directly by the purchaser.

Real estate taxes. Also, the amount spent for stamps, on deeds, mortgages, and stocks.

6. Admission taxes—to theatres, movies, and sporting events. (Before Oct. 1, 1941, one cent on every ten cents over 20 cents paid for the ticket. After that date, one cent on every ten cents.) Taxes to night clubs and restaurants which furnish entertainment. (Two cents for every ten cents paid for admission or cover charge over 50

cents. Where there is no admission or cover charge, the tax is 20 per cent of your bill. You may not deduct for this tax which was paid after Oct. 1, 1941.)

7. State and city income taxes.
8. Telephone tax. (Before Oct. 1, 1941, on calls costing from 50 cents to \$1, the tax was ten cents; on calls costing from \$1 to \$2, the tax was 15 cents. Since Oct. 1, 1941, there is a tax of ten per cent on all calls costing

1941, you have been paying six per cent tax on your telephone bills. 9. State unemployment taxes paid in Alabama, California, Kentucky, New

more than 24 cents. Also, since Oct. 6,

Jersey, and Rhode Island. (Cigarette taxes may not be deducted except in a few special localities.)

What other deductions may I make?

1. Bad debts...Your fees or salaries which were uncollectible and which were charged off. They must have been included in your previous tax returns as income. [Continued on page 38]

"Psst! Don't forget your resolution to exude cheeriness."

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Science IN THE NEWS

PABA

• The four letters P-A-B-A are the first initials of the now famous para-aminobenzoic acid, the anti-gray hair factor of the vitamin B complex. As explained last month in R.N., it is difficult to obtain at the present time, so silver threads must continue to mingle with the dark and the gold. However, Dr. Benjamin F. Sieve of Boston City Hospital has continued experiments. He finds that paba is somehow linked with the action of sex hormones. Several instances were noted where pa-tients experienced increased libido when taking the new vitamin. This unexpected turn of events, the doctor reports, "was distinctly uncomfortable" for unmarried persons trying to restore the color of their hair! Some few cases of sterility and impotence were cured, but at present the number of cases is not large enough to provide definite conclusions. Paba also showed some good results with vitilego, a rather uncommon skin disease, which involves pigment loss.

PREGNANCY

• Mental distress may be a contributing factor in causing the nausea and vomiting common in the first three months of pregnancy, writes James A. Gough, M.D., Chicago, in the January Hygeia. "Economic worries, late hours, and the strain of keeping up with the Joneses leave an imprint on the sensitive nervous system that cannot be erased by the solace of one more cigaret or the pick-up derived from another drink."

As prevention, rather than cure of nausea and vomiting, Dr. Gough recommends a thorough examination prior to pregnancy or as soon as it is suspected, good health habits, an orderly life, fresh air, and ample sleep. Small meals, to be eaten frequently, may keep busy a queasy stomach. "Liquids," the doctor warns,

"are usually harder to retain than solid foods. . . The popular idea that soup, broth, and other liquid foods are easily digested is erroneous."

MUMPS AND MEASLES

• Uncle Sam's warriors are as prone to childhood diseases as the kids they left behind them, according to Wilburt C. Davidson, M.D., in the November issue of War Medicine. A program for fighting communicable disease in the Army and Navy might include the appointment of a pediatrician, Dr. Davidson suggests. Mumps and measles affected 353,328 soldiers and sailors in the last war and diseases usually associated with childhood caused more hospitalization, deaths, and days lost than did battle injuries.

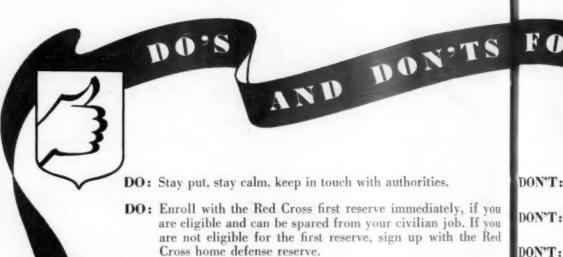
Tests and vaccines for various diseases to be administered to all susceptible recruits are specifically recommended.

NUTRITION BRIEFS

• A true fish story is the U.S. Government report of a new source of fish oil vitamins in Peru, where about 100 varieties of fish are used for food. Right now little of this produce is being shipped to the United States but it is said that the Government considers the source worthy of expansion. . When U.S. Army epicures answer mess-call in the near future, they may tickle their palates with red bread. The Army is experimenting on a bread made with powdered milk and tomato juice or canned tomatoes added to the dough.

ATOM-SMASHER

• "Encouraging results" in the treatment of cancer by neutron rays have been cautiously reported by Dr. John C. Larkin, research associate in the radiation laboratory and Dr. Robert S. Stone, professor of roentgenology [Continued on page 60]



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DO: Stick to nursing! That's the job you can do best. Don't be tempted by the drama of motor corps service, A.R.P. work, or other non-nursing defense posts.

DO: Be sure you are properly registered in your State, and with the organizations you represent. Have you changed your name or address recently? Carry your registration and identification cards with you everywhere.

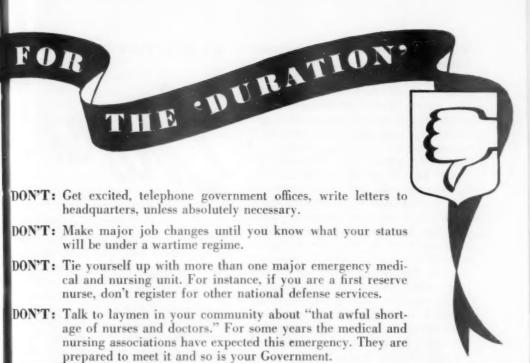
DO: Make vourself known to the local committee on civilian defense. Report to the first aid and health heads.

DO: Give some of your spare time, nights and days, to your local blood bank. Nurses are needed in this work to register donors, help with Wassermanns, and prepare plasma.

DO: Review first aid procedures. Reread carefully the best text on first aid you can find. Every nurse will want to become thoroughly familiar with techniques.

DO: Teach a course in home hygiene, or first aid, for the Red Cross. Informed R.N.'s are badly needed to do this job and to encourage lay women to study home nursing and care of the sick.

- **DO:** Be super-economical in the use of medical and surgical supplies, whether they belong to the hospital or the patient.
- DO: Check your personal first aid kit and see that it is well supplied. (You do have one, don't you?)
- DO: Remember you are a professional woman and your profes- DON'T: F sion wields a tremendous influence on the public. Uncle Sam is counting on you to use that influence wisely.



- DON'T: Listen to or spread rumors about the Army or Navy, or pass on gossip about disagreement within nursing associations or government committees. Most of what you may hear will have no basis in fact. In any event, nursing officials are carrying on wholeheartedly to meet the country's needs. Cooperation all around is the order of the day.
- DON'T: Wear yourself out with too little sleep and too hurried meals. The war will be with us for some time and R.N.'s will have to set a health example for their communities.
- DON'T: Invite public hysteria by launching technical discussions of the medical aspects of shrapnel wounds and death by gas.
- DON'T: Buy more uniforms, shoes, stockings, watches, pens, and other personal equipment than you actually need. Have enough of everything, but don't overdo it. Enormous buying booms will cause price rises and shortages.
- DON'T: Become discouraged with your "hum-drum" job when others are headed for glory. Right now you are needed where you are—in your own community—to uphold health and morale. You will be called for other service when needed.
- DON'T: Lose your sense of humor. You can't laugh off a world war, but you can laugh yourself out of war doldrums.
- DON'T: Forget that we are all in this together. America needs every one of its nurses, to work toward one goal—the preservation of democratic ideals.

• Definition.—The terms circulatory failure, primary shock, syncope, collapse, and many more have been applied to shock; they are all essentially the same. Most authorities classify shock into two general groups: primary and secondary. Primary shock occurs immediately after injury and frequently appears as a collapse reaction to pain. It usually responds quickly to treatment, but when untreated may develop into the secondary shock stage following hemorrhage or tissue fluid-loss. Secondary shock occurs after burns or severe injuries. There may be hemorrhage, dehydration, acidosis, or toxemia. Secondary shock usually appears within three to thirty hours.

Although the basic physio-pathology of shock is not known, its manifestations are well recognized. The symptoms are: marked pallor; cyanosis, especially of lips, nails, fingertips, and ear-lobes; glassy eyes; dilated pupils; weak, rapid, and irregular pulse; quick, shallow breathing; clammy skin; sweating; lowered blood pressure; nausea sometimes; intense thirst sometimes.

The typical cycle of shock moves as follows:

Reduction in cardiac output
Lowered blood pressure
Vasoconstriction
Diminished tissue circulation
Permanent tissue damage, due
to lack of oxygen
Escape of fluid into tissues
Reduction in blood volume
Reduction in venous return

The cycle frequently ends in death.

Causes of shock.—Mental strain, joy, anger, fear, or grief may bring on shock. Even the sight of an injury or accident may sometimes be a cause. Surgical, anesthetic, serum shock, or that resulting from burns or hemorrhage is commonly recognized. Acute coronary occlusion may also be a cause. Aerial shock results from the effect of bursting shells. "Bomb shock" is a psy-

QUICK FACTS ABOUT

Shock

chopathic condition developing from the stresses of war, and bears no relation to the physical illness, acute shock. The nurse should remember, however, that every injury is accompanied by

some degree of shock.

Not all patients are similarly affected; all, nevertheless, require immediate care. There are many individual reasons for variations in response to shock. Age, pain threshold, psychic state, degree of dehydration, exhaustion, fatigue, malnutrition, are but a few. Important also are the contributory causes, such as disease of the cardiovascular system, severe anemia, and history of debilitating illnesses. Hemorrhage in peptic ulcer, thromboses, severe burns, poisoning, excessive loss of fluid from vomiting, severe pain, comas, and trauma must also be considered as predisposing factors. Shock should not be confused with congestive heart failure as it can exist in individuals having no cardiac disease.

Recent studies have told of the development of a "counter-shock" reaction after the first evidence of shock. Investigation showed that during shock the adrenals undergo characteristic changes and increase in weight and size. The adrenal medulla loses its chromaffin granules, leading to the assumption that adrenalin has been sent into the blood. This change in the adrenals leads also to thymus involution. It is thought, therefore, that both of

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these changes are a part of the defense mechanism of the body. Still further study has determined that the adrenal cortical secretion is primarily responsible for the reaction.

Treatment.—Foremost consideration in care of shock is *immediate* treatment. This cannot be overemphasized. Delay is dangerous because changes at this time are rapid. All authorities agree that the most successful treatment of shock is prevention. When need for operation or continuance of disease exists, proper mental and physical preparation is paramount. A calm, un-

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stic and its

ent adon. of hurried air of certainty should prevail. Here the nurse can be of inestimable value. Her attitude is quickly reflected in the patient.

There is no substitute for mental assurance and well directed mental suggestion. However, when unavoidable shock follows injury or occurs, there are several well defined procedures which have been established:

Provide rest; relieve pain; reassure; stimulate; supply oxygen; keep warm; keep head low; maintain blood volume.

Such emergencies as hemorrhage and splinting of fractures should be at-









News of Day Newsreel

tended. Morphine sulfate to control pain (withheld in head injuries) and if necessary barbiturates, sodium amytal, or pentobarbital sodium may be given orally. Avoid giving alcohol; it increases vasomotor collapse. If possible, immediate concentrated blood plasma or blood transfusion should be given in severe injuries. If delayed in severe shock, some difficulty may be encountered in getting the needle into the vein.

The patient should be well covered to avoid exposure, both under and over the body. Most victims of shock have a vasoconstrictor type of circulatory failure. There are some cases in which the patient has been in a raised temperature. Effort should be made to restore a normal temperature level in all instances.

Hot drinks, if the patient can swallow, are of value except in abdominal injuries. Aromatic spirits of ammonia in water or by inhalation may be used. When possible, the patient should be removed to a shock bed with head low and heat applied with hot water bottles to the axilla and groin. In any event, the patient should be kept lying down with head lowered. The lower extremities can be elevated on a stool, box, or folded blanket. External heat may be applied with hot bricks, hot plates, or even by means of electric light bulbs. Questioning, noise, or unnecessary moving should be avoided. Artificial respiration may be indicated at times.

Plasma of normal concentration in amounts dependent upon response can be given when [Continued on page 42]

> Victims of shock are these civilians blasted out of their homes and shops. Nurses should remember that every injury is accompanied by some degree of shock and that patients must be treated immediately to avoid serious consequences.

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front lines OF DEFENSE

From the moment World War II was declared, nurses have been wondering where they would best fit in the rapidly shifting preparedness picture. Here is one of the first stories of nurses in disaster relief in San Francisco.

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• As the Pacific Coast familiarized itself with blackout technique and an only-half credulous populace in several California cities slowly learned the significance of air raid alarms which have sounded in real earnest in San Francisco and some other points, California nurses unequivocally indicated that they were prepared and more than willing to serve if, when, and where disaster might strike; they were eager, they said, to be used wherever their special training might be needed. Civilian nurses with full-time jobs in hospitals as well as married nurses with households to manage are placing themselves at the disposal of the Disaster Relief Commission in a manner which everyone concerned describes as gratifying.

From Margaret Peck, who heads the California State Nurses' Association committee that is working with the Medical Aid Division of the Disaster Relief Commission, comes this description of the set-up in San Francisco (one of the most vulnerable and most menaced cities on the coast). It is similar to those at other points in California and other Pacific Coast communities

which may feel the brunt of the war:

San Francisco, like other communities now functioning under the disaster relief set-up, is divided into districts. There are at present twelve districts plus a "master district" in which functions a casualty clearing team with headquarters at the County Medical Society. In addition, there is a roving team of doctors, nurses and first aiders whose duty it is to go to any point where help or reinforcements may be required. The district disaster relief center is usually a high school or junior high school and the entire district organization is centered there.

The Disaster Relief Commission is a city-wide organization, but each of the twelve districts comprising it in San Francisco has a semi-autonomous disaster relief commission. The set-up may

be sketched as follows:

On a city-wide scale, separate divisions have been established to handle disaster relief work. This would include medical aid, rescue, food, fuel, clothing and bedding, shelter, communications, transportation, registration and information, survey, public information, headquarters (administrative), finance and audit, central purchase and supply, and evacuation. Chairmen and vicechairmen of the divisions constitute the headquarters division, which would direct the disaster program. In San Francisco, this is under Thomas Larke, Jr., general chairman, and H. D. Hart, general vice-chairman.

Under this general organization, each of the districts has its own commission

with its own leaders. Every district commission has its own rescue station, medical aid section, etc., patterned after the city-wide organization. The moment disaster might strike, regardless of its nature, the district commission would rush to its established headquarters and go into action. If help was needed it would call on the city commission. The main organization, in any case, would keep in touch with every district by means of its motorcyclists and cyclists. These latter are organized under the communications division to step in should the commission's emergency hand-crank switchboard become useless.

Two days after war in the Pacific was a fact, and immediately following the first night's blackout and air raid alarms, the districts were manned and in action, with second and third alternates designated and ready to act.

The Medical Aid Center is directed by a head physician and a corps of assisting doctors. The corps was small to begin with but is rapidly increasing as the danger grows and organization is perfected. Immediately under the doctors are the nurses. Each district has twenty-seven nurses, who serve on eighthour shifts. Nine nurses are, therefore, available the twenty-four hours round. Aiding the nurses are the first aiders, known as Medical Aid Station Attendants, 3,000 of whom have been trained for San Francisco alone.

The physician in charge of each district has the name, address and telephone number of the nurses in his locality. At time of emergency or disaster, he notifies the nurses needed for the work in hand, or else they proceed, as soon as an alarm sounds, to the medical aid center to augment the skeleton staff

Active nurses had already been lined up by the Office of Civilian Defense and the Disaster Relief Commission working under it. But the moment war was declared, Mrs. R. O. Laist, herself a registered nurse, working with the American Red Cross, vice-chairman in charge of Women's Activities, sent out letters to a reserve list of 500 inactive nurses asking them to report at once for voluntary duty in the relief set-up, or to take the place of active or younger nurses called by the Army. Mrs. Laist reported excellent response, with the nurses "coming in in droves." "We expect close to 100 per cent response on the list of inactive or married nurses," she said.

California nurses are divided into two groups. On the first list are the active and younger nurses, on the second those who have been more or less inactive. In the relief organization, the order is reversed and the nurses who have jobs are on the defense "reserve" list. Thus the inactive nurses would be called at any time, the employed ones only at times designated by them as free. Many nurses who are on full-time duty have placed certain free hours at the disposal of the medical aid centers.

While the medical aid centers are set up and manned ready for instant duty if needed, the civilian population is being told first of all, in case of disaster, to use existing hospital and public health facilities. In the words of Harriott Friend, headquarters director of the C.S.N.A., "Our first line of defense is the civilian hospitals. Existing hospital facilities would be used first, then the military hospitals, then the emergency stations."

Dr. J. C. Geiger, city health officer and chairman of the health division of the Civil Defense Council, is working closely with the emergency groups. The Red Cross, the county medical society and the public health organization are working hand in hand with every effort being made to integrate their various functions so that calls for personnel, for instance, and activities in general may not be duplicated.

In case of disaster, the public is instructed to apply for medical aid first, to the nearest physician; second, to existing emergency [Continued on page 54]

ROBER

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ROBERTA MATTHEWS, EDITOR

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• One of the most interested contributors to R.N.'s Collectors' Corner is Agnes Collins, superintendent of nurses at St. Joseph Hospital, Ottumwa, Iowa. As guest editor for January she begins the New Year right by discussing her latest hobby, nurses' caps.

"My collection of nurses' caps is my youngest brain-child, but I am hoping to develop it as time goes on. Perhaps some of you could help me by sending caps from various schools of nursing, giving the date of establishment of the school and the reason for selecting that particular style of cap. My collection now numbers forty-eight, pretty good for a starter!

"I also have an assortment of unique stamps and coins. Perhaps you'd be interested in the way I keep my stamps. A few years ago I purchased a coffee table made to specifications. Under the glass I placed a stamp for approximately every country in the world. Another idea is to take stamps commemorating religion and make an excellent wall hanging by mounting on heavy material in the shape of a cross or a cathedral. The same is true of stamps issued in honor of aviation. An outline of an airplane makes a very effective hanging and keeps the stamps in good condition.

"To be quite honest, I haven't any reason for collecting any article and in the past have not been too particular

about acquiring many things. I am very serious about my new project of collecting nurses' caps, however!

"Music boxes are another hobby of mine—the older the better as long as they still play."

MATCH COVERS: Not boxes, but folders. Would like one from every State. Cora Geiwitz, Minneota, Minn.

pocs: Any color, shape, or form. Would gladly exchange. (Mrs.) Anne Presby, Lake Benton, Minn.

HOT PADS: Every color, size, and shape. Would like one from every State. (Mrs.) Priscilla Nelson, 524 8th Ave. S., Minneapolis, Minn. [Continued on page 54]



Agnes Collins
"...very serious about my new project."



WHEN WE WEREVE

"A broken heart had caused me to turn to the deeper side of life..."

• They say that when a man is drowning his whole life passes in review before him. I didn't get that far during the air raid "alert" the other day—but I did reach the point of remembering

my first days in training.

I recalled, for instance, the first Monday I donned a fetching little number of striped gunny sacking and thought I was God's gift to humanity and the medical profession. On the surface, that is. Under my confident exterior, I wasn't so sure. The specter of "being sent home" haunted me. What would I say, for example, to old Dr. Snodgrass, our family doctor? He had glanced at my pre-entrance medical examination blank, wiped off his spectacles, and without touching a stethoscope to my chest filled in the examination form. Then he added, with a flourish, "I have known her since before she was born and she ought to make a wonderful

Or how could I alibi to the old gang who had said how too, too brave I was to "take up" nursing but that I should make a marvelous nurse since I was so sympathetic, etc., etc. Then they gave going-away parties with a fervor of finality, as though I were shipping off

to Samoa. I had bragged to them about my "pull" at the hospital, too. As a matter of fact, Aunt Kathie was married to a physician—who had only a couple of tonsillectomies at the hospital per year. And Cousin Joe was an interne at that very hospital. But you can imagine how long it took me to find



"Mary overturned a basin of water into a bed—the bed was occupied..."

out how useful he would be if I flunked a few preliminary subjects!

If I live to be a hundred, I'll never forget that horrible day when we were each required to tell curious classmates why we had chosen nursing as a career. Some, like Head-Hunting Hattie, zever did come clean. Hattie meant to marry one of the attendants (at the very least) and retire on his income within six months after she entered training. She assumed a quaint, unspoiled look which was planned to win their manly, but vulnerable, hearts. But to all the

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VERY YOUNG

BY ROXANN

eligible males around the place her adenoidal little pan had no more appeal than a sick puppy wrapped in burlap. She finished training with the rest.

But Hattie was one of the few holdouts. The rest of us Told All. Betty O'Neal started the ball rolling on a mournful note. Betty was about six feet tall and had the woeful look of a loving horse. We were all wiping our schnozzles by the time she finished telling how her mother had been at death's door but the doctor had pulled her through and then and there Betty had dedicated herself to the Cause of the Sick.

After that we all began to drool sentiment. I recall, with burning face, confessing with all the seriousness of not-quite-twenty that a broken heart had caused me to turn to the more genuine and deeper side of life! Agnes Fields,



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"I looked up to see a white figure slipping quietly into the bathroom..."

five feet two, eyes of blue, and the look of a mischievous cherub, went pale during her own description of "how wonderful it was to help people."

Teacher, very calm and smooth and white-starched, let us snivel ourselves out. Then she did a swift radical on our illusions, applied a verbal cautery, and superimposed an antiseptic dressing-down. When she finished, each of us felt just the way we looked: like grown-up versions of Li'l Orphan Annie, attired in doubtful uniforms that would have made flour sacks look like Park Avenue gowns.

Those of us who still had delusions of importance could glance down at our size 12 hips hidden under a bolt of cotton, our ankles swathed in black, and a pair of weekend bags on our feet. To make the lesson complete, Teacher demonstrated appropriate hairdos for the professional dame. Down came bangs, curls, and assorted Hollywood effects. Up went an expurgated version of Lady-crawling-out-of-the-old-swimming hole.

We were lectured and groomed and whipped into shape. Then came the day when we were assigned to the wards...

It was only an hour, the first time—but what an hour! Men's Surgical, for instance, looked easy—on the bulletin board in the classroom. Those patients may have been brothers and husbands to somebody, but to us they seemed like grinning ogres, waiting to gobble up student nurses. Maybe it wasn't so, but we were sure that the patients asked us to have the orderly bring intimate items, just to see us blush and stammer.

We all had ten thumbs that first time on the wards. Lucy dropped a toothbrush down behind a feeble-looking chap's neck while she was trying to help him with that necessary ritual. He squirmed. She blushed. What to do? Lucy couldn't decide, so she ignored the bristly toothbrush. Mary, my other "best friend," overturned a whole basin of water into a bed—and the bed was occupied.

[Turn the page]

Nor was I any shining light. I was told to "straighten up" the dressing room, and I was patting myself on the back for my efficiency, until the head nurse came in. She let out a dismal squawk and stayed my busy little hands. All the cunning rubber tubes were curled neatly in a jar-catheters, duodenal tubes, gravity set, drainage tubes -and covered with alcohol. Well, they had to be clean, didn't they? A halfempty container of sterile cotton balls was filled with additional cotton balls made on the spur of the moment from a handy roll. Instruments were grouped according to my original ideas. The place was undoubtedly neat! And the supervisor didn't dare complain because she had left a green student on her own.

However, nothing can compare to my first eleven-to-seven night duty. Up the dimly lit stairs, sque-eak through the door into the corridor, pat-pat down to the spot-lighted desk. No one ever looked so good as the nurse who gave the report in a hushed voice, and made rounds with a flashlight to see that she was turning everything over shipshape. Then she bade me good night and went pat-pat down the corridor, sque-eak through the doorway, and with the last white flash of her apron I was alone.

That night was a century long. I heard noises that would have put to shame a radio sound-effects department. Whenever a patient called or rang, I did a champion high jump. One patient, however, chose to help the nurse by waiting on herself. I looked up from my charts to see a white figure slipping quietly into the bathroom. Every bone in my body turned to rubber. I dropped my pen, tipped over the ink bottle, and had to recopy an entire record.

The first clop-clop of the milkman's horse was a symphony. The first chirp of a bird was the sweetest sound I had ever heard. With the dawn I expected my hair to be snowy-white, and was surprised when I looked into a mirror and saw no change except a dismal lack of lipstick.

Yes, we lived through those first months with no casualties, and soon we were slinging ologies and ectomies around where they did and didn't belong. We were a pain in the neck to our long-suffering families and friends, who politely listened to our unsolicited advice-and, wisely, never used it.

Last but not least, we were drilled in hopping to our feet when a doctor approached. And the result of that is that to this day, whether I'm wearing uniform, slacks, or evening clothes, I have to restrain an urge to jump to attention when a doctor enters the room!

SUSIE BUTTS: Your son, Lawrence, our insured, has some money coming to him. Can you help us locate him? John B. Northrop, Manager Claim Division, Metropolitan Life Insurance Company, 1 Madison Ave., New York, N.Y.

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Many physicians regard Vi-Penta Perles and Vi-Penta Drops as a protective barrier for those whose resistance is low, particularly during the winter months. These multivitamin preparations are especially helpful to patients subject to recurring colds and other respiratory infections.

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to colds is due to the disturbance of normal physiological activity of various tissue cells.

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is a hypotonic solution. It is alkaline and saline. It is a mucus solvent. It is an aqueous solution.

As a cold preventive its worth a trial.



LONDON LETTER

79 Searle Street Cambridge, England November 2, 1941

• The following story was sent to me by the matron of St. Margaret's Hospital. Epping:

One evening a few months ago, the nursing staff of a neighboring maternity hospital were enjoying a cup of tea in a ground-floor sitting room before retiring to bed. Suddenly and without warning, two high explosive bombs burst on the building.

At this moment a staff nurse from St. Margaret's was passing and, hearing the bombs approaching, she threw herself flat on the ground by a wall surrounding the garden. When the full force of the explosion came the wall collapsed, but fortunately the nurse was unhurt. As the noise of the blast died down, she heard terrible screaming in the wrecked building. Although shaken and very frightened, she ran into the house, or what remained of it, extracted as many mothers as possible from the debris, and rendered what firstaid she could. Then she went out into the road, stopped a passing lorry, and with the help of the driver got the injured mothers into it. They then drove to St. Margaret's while planes were still circling overhead. Having got them inside, she again disappeared to assist further with the rescue work. By this time, the A.R.P. Rescue Squad had arrived and the remaining mothers were being extricated.

Here is the story told in the words of Miss H. J. England, the matron of St. Margaret's:

"Meanwhile we received a telephone message stating that the Maternity Hospital had received a direct hit and we could expect casualties. I proceeded to the casualty receiving ward to make preparation. knowing that the two night sisters were doing their first round of the wards. Almost immediately Staff-Nurse Davies rushed in saying, 'Matron I have six injured mothers from Sprigg's Oak outside. They are in a lorry.' She helped me to



During illness, there may be increased sweat gland activity with an accumulation of perspiration waste products. Disturbing odors may arise to annoy the patient, visitors, and you.

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the sickroom—use applications of MUM routinely. A few
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MUM TAKES THE ODOR OUT OF STALE PERSPIRATION

get them inside. Eight of the mothers were killed instantly, thirteen and the cookhousekeeper injured, one of the injured mothers dying shortly after admission. In this case, abdominal injuries were severe. The foetus was obviously dead, otherwise Caesarian Section would have been performed.

"Many willing hands soon arrived to help, which was fortunate as there did not seem to be a minute to telephone the staff already off duty. The day staff remained on duty all night to assist in the theatre and with the nursing and comforting of the patients. The Church of England and Roman Catholic clergy also stayed all night to attend to the spiritual needs of the injured. Each patient was given an injection of morphia and anti-tetanic serum. Wounds were dressed temporarily; haemorrhage checked; limbs immobilized; shock treated; and blood transfusions and intravenous salines given where necessary.

"It is dreadful to remember that all but two and the cook received major injuries. One patient commenced labor at 10:00 P.M. and was delivered of a living child at 1:30 A.M. Several patients with badly crushed limbs had to have them

amputated at once.

"During the following week, one patient after another commenced labor, which in each case proceeded normally. The maternity sister was on duty for a whole week except when she was relieved at night. There were five living infants, two of which were twins. Several of the stillborn infants were macerated, the foetus having apparently died from shock at the time of bombing. It is good to think that without exception the mothers had a normal puerperium.

"As they slowly recovered, the mothers were transferred to a quiet area where they could not hear the terrifying gunfire. I am pleased to say that although one mother is still a patient here, she is making progress. I think the others have now been supplied with artificial limbs where required. The courage and fortitude of the injured was amazing.

"We are very thankful to the Women's Voluntary Services who gave layettes for the babies and clothes for the mothers."

Well, this is the story. No words of mine can better describe the true tragedy which has come to these poor women. Their hurts were so grievous that they cannot be told freely and I was informed that the tears streamed down the nurses' faces as they ministered to them. Such is the cruelty of war in its starkest aspect.

-LOIS OAKES, S.R.N.

SPECIAL COMMITTEE

· Recent off-shoot of the Sub-committee on Nursing is the Special Committee on Inventory of Nurses. Its chairman is Marian Randall, of the Office of Civilian Defense. Members are Ella Best, American Nurses' Association; Virginia Dun-bar, American Red Cross; Ruth Houlton. National Organization for Public Health Nursing; Blanche Pfefferkorn, National League of Nursing Education; Pearl Mc-Iver, U.S. Public Health Service, and Elmira B. Wickenden, Nursing Council on National Defense. The committee will review data from the inventory of 300,000 nurses now being tabulated, make plans for its use-National, State, and localand keep it up to date.

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Also valuable for skin irritations and burns, and widely used by nurses as a foot bath for its prompt, delightful relief to tired, tender feet.

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Gastric hyperacidity and digestive upsets due to excess stomach acid. Also available—BiSoDoL Mints, in convenient tablet form. Samples free to the nursing profession on request.

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Your 1941 tax

[Continued from page 20]

Losses from fire, burglary, storm, etc. . . . all which were not covered by insurance.

You may also deduct from income (in Schedule D if you are practicing nursing as an individual; in Schedule A if you are on a salary basis) the following:

Membership fees to professional societies.

2. Books and periodicals bought solely for use in your profession. (Where a book may be used several years, then you can only deduct the depreciation value. (e.g. If a book costs \$10 and you figure it can be used for five years bebefore becoming obsolete, then deduct \$2 a year.

3. If you maintain an office, deduct all your office expenses, including rent, telephone, stationery, etc.

4. If you have an automobile which is required and used mostly in your work, not just to travel to and from the hospital or office, then you deduct the full amount spent for the upkeep of the car, including garage, gas, oil, repairs, insurance, etc., and also for the depreciation of the vehicle.

5. The cost of keeping up with the changes in the profession, such as ad-

vanced courses, etc.

The cost of your instruments and apparatus. If the life of the instrument is more than one year, then deduct a proportional percentage for each year of its use.

7. Employment agency fees.

8. Amounts paid to attorneys or collection agents to collect your fees.

Earned income credit

The law permits you to deduct ten per cent of the money which you earn by personal services as an earned in-

. . . To Help You Keep Up-to-Date-



• Linde maintains a library of reprints of up-todate articles on the clinical and mechanical aspects of oxygen therapy. In addition, the Linde "Handbook" describes accepted practices for operating currently used types of oxygen therapy apparatus. Ask for a list of available literature.

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come credit. Thus, if you earn \$3,000 from the practice of your profession, and you have expenses in connection with your occupation of \$1,000, your earned income credit is \$200.

What is the amount of the tax?

Your total tax is the sum of your normal and surtaxes. The normal income tax of four per cent on your net income has not been changed. However, the surtaxes have been drastically increased. The surtax can be easily determined by following the instructions on the tax form. Following, are some of the new surtax rates:

	nt of su	irtax on	Surtax rate	Total sur- tax on last figure
\$ 0	to	\$ 2,000	6%	\$ 120
2,000	to	4,000	9%	300
4,000	to	6,000	13%	560
6,000	to	8,000	17%	900
8,000	to	10,000	21%	1,320
10,000	to	12,000	25%	1,820

When is the tax return and the tax due?

March fifteenth is the deadline. Your tax return and payment of tax must be sent to the Collector of Internal Revenue in your district by that time.

However, you have the option of paying your tax in four equal quarterly installments—the first one being due March fifteenth. If you have a good reason, you may obtain an extension of time from the Collector (of 30, 60, or 90 days) in which to file your returns and pay your tax. If you need such an extension, write to your local Collector of Internal Revenue, stating the reasons for the request.

We suggest that you do all your computation before you make your tax return. Then, fill out the form. It is advisable to keep a copy of the tax return form and your original computation.

The taxes are high this year, and the paying of them will probably hurt. Let's hope that the money will be spent in keeping us a free, united nation.



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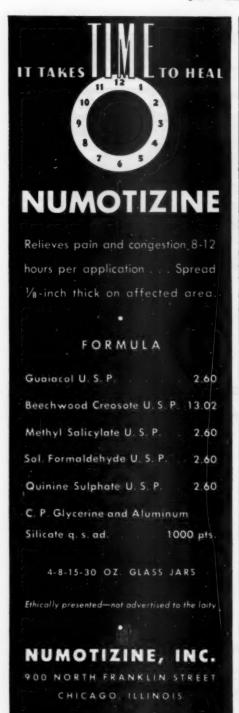
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Shock

[Continued from page 26]

a permanent location is reached. Oxygen by face mask, in high concentration, may be indicated to combat tissue anoxia. Decrease in oxygen content of the venous blood may be from an average of 12.3 volumes per cent to 4.8 volumes per cent. There is also an associated lowering of arterial blood content. Reports show that use of oxygen increases oxygenation of hemoglobin and the physical solution of oxygen in the blood plasma. Moderate increase of body temperature also increases arterial oxygen content.

Many physicians administer adrenal cortex hormone intravenously or subcutaneously as soon as the patient reaches the receiving room. This may act as a metabolic stabilizer. It may be repeated. Other medication according to the condition or necessity for operative procedure may follow.

In all cases of shock, the prognosis depends upon early attention to avoid intensity of shock and possible infection. Postoperative shock may not appear for many hours. Here again recognition is urgent.

Many patients are suffering from salt and fluid depletion, in which cases, sodium chloride and water may be administered. In dehydration from other causes, proper fluids for the condition are used. While fluids are usually indicated, the possible exception is when shock complicates congestive heart failure. (This is a decision for the physician.) Acidosis usually clears up with supportive shock therapy, while inanition may require glucose. Glucose is specific for hypoglycemia and in hyperglycemia insulin may be required. Oxygen is effective when cyanosis is marked. In hemorrhage an effort is made to prevent further loss, then followed by transfusions when loss is significant. In severe infections early therapy will aid in preventing toxic effects



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It dries with convenient quickness, and it has a delicate, quickly dissipated scent.

Your hands are always out in front. It's worth while to keep them presentable.



of the disease. In other words, the factors which in themselves may contribute to the production or maintenance of shock, should be eliminated. This does not mean that the simple and minor procedures such as elevation and application of heat should be underestimated. Each individual must be treated according to the specific problems of the case with due regard to physical and mental condition.

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Fluids supply water and nutritive material in order to restore electrolyte balance. Blood is the most valuable. In severe burns, the blood is concentrated and it becomes necessary to dilute the transfusion with saline or glucose solution before use or until the viscosity approaches that of the normal blood. If prolonged hemorrhage has resulted in tissue dehydration it must be corrected by saline or glucose solution administration before blood transfusion. Sodium chloride in physiological saline or Ringer's solution is usually



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Drugs.—Three types of medication are commonly used. They are: the sympathomimetic group; those having action predominantly on the central nervous system; those acting directly on smooth muscle. The first includes epinephrine, ephedrine, benzedrine, synephrin, and neosynephrin. Epinephrine causes transitory increase in blood pressure, pulse rate, and cardiac output. In extreme emergencies it may be given by intracardiac injection. Recent use of adrenalin in oil for treat-

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ment of asthma shows slow liberation and prolonged action. Its use at present is limited in value and indiscriminate dosage may be detrimental. Ephedrine is less intense than epinephrine and more prolonged. It has been used as a prophylactic measure in spinal anesthesia to reduce the tendency toward shock. There is some disagreement as to the use of benzedrine, synephrin, and neosynephrin. Recently paredrinol (veritol) has proved of some value because it increases venous return to the heart.

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The second group of drugs includes strychnine, caffeine, coramine, and cardiazol (metrazol). Strychnine increases excitability of spinal and other reflexes and results in heightening of skeletal muscle tone. In shock it is believed that the venous blood may stagnate in the muscles; thus, when muscle tonus is increased, it may aid in venous return. Caffeine increases irritability of the cerebral cortex and slightly stimulates the respiratory center and the vasomotor and vagus centers. There is little change in blood pressure. There may be a tendency to wakefulness and keener perception, but this is desirable in shock. A combination of strychnine and caffeine have given good results. Coramine improves respiration and there is a transitory rise in blood pressure because of medullary center stimulation. Cardiazol has not been fully recognized although it stimulates action on respiratory and vasomotor centers.

In the last group we find pitressin, morphine, cortin, and digitalis. Pitressin increases blood pressure and lowers the pulse rate. Some of the results have been discouraging. Morphine is of value to control pain and restlessness. Excessive dosage is to be avoided as it may lead to further depression of medullary centers. In shock from adrenal insufficiency cortin seems to restore normal state of circulation. Digitalis apparently has no significant ef-

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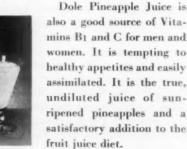
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Notice the chart below. It indicates what Dole Pineapple Juice contributes to the daily allowances for specific nutrients recommended by the Committee on Food and Nutrition of the Na-

tional Research Council. The left-hand column gives recommended amounts. The right-hand column represents the percentage of the recommendations found in a 6-oz. serving of Dole Pineapple Juice.





Percentage contributed to daily	THIAN	AIN B1	ASCORBIC ACID C		
recommendations by a 6-oz. serving of Dole Pineapple Juice	REC. N.R.C. MGS.	DOLE	REC. N.R.C. MGS.	DOLE	
1-3 Years	.6	50%	35.	34%	
4-6 Years	.8	38%	50.	24%	
7-9 Years	1.0	33%	60.	20%	
10-12 Years	1.2	25%	75.	16%	

DOLE Hawaiian Pineapple Juice HAWA!!



fect and is only of value when shock is complicated by congestive failure. It is contraindicated in any other types of shock.

Plasma.—Plasma was used as far back as 1871, but first extensive use was delayed until 1927. Its use in place of whole blood has passed through the experimental stage and its effectiveness, efficiency, and safety are now recognized. Its usefulness in war is being

proved daily.

Plasma is the liquid portion of the blood which is separated without clotting. Serum is the liquid portion remaining after clotting. Actually plasma is a liquid concentration of three important proteins—albumin, globulin, and fibrinogen. The function of these plasma proteins is to exert colloid osmotic pressure. Its use is therefore understandable in dangerous falls of blood pressure. Plasma also exerts some hemostatic effect through the action of protein fractions such as fibrinogen, platelets, and prothrombin.

The effect of plasma is usually immediate with marked and sustained increase in blood pressure. Sweating may cease entirely before the full amount is given. Return from coma to consciousness often occurs in a few minutes. This may be due in part to direct stimulation of the vascular system, but largely to increased circulating blood volume.

Several types of plasma are available today. The dry type has been subjected to various drying processes and can be prepared for use with distilled water. It can be transported with ease even under adverse conditions. [See R.N., May 1941.] Wet plasma may be unmodified or may contain saline or glucose. It tends to deteriorate more rapidly and there is increased chance of contamination. Frozen plasma is preferred by many and storage and shipments are successful.

A word about other emergency substances for transfusion. Acacia has been used when blood is not available. Its colloidal properties tend to aid in maintaining increased blood volume for longer periods than crystalloid substances such as glucose or sodium chloride. Purified preparations are now available. Pectin and several other colloids have also been in use.

Conclusion.—Blood banks are being rapidly established to decrease waiting time for transfusion materials. This need is growing. In the days of stress ahead of us you may see many injuries and many people of reasonably sound personality may break down under severe strain to the point of physical shock. Sometimes this breakdown is preceded by sleeplessness, a tendency to be startled by sudden sound. and a feeling of inner unrest. The nurse may be called upon to attend these and many other cases of shock. As nurses you belong to a group who can do a needful job of bringing this condition under immediate care. . . with successful outcome.

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War is like this

[Continued from page 16]

and bothered more about their dinner or a drink of water than about bombs. Others retired into themselves and, silent, waited. The cadet Zdzislav, with meditating childish face, would hold a rosary and pray.

Soon the bombardment is over. We

breathe again. . .

One night after being abruptly wakened by a night alarm I hurried to the dressing room. The orderly had just ushered in a young German, The boy, no more than nineteen, trembled visibly, either from cold or from fear at finding himself in the hands of the Poles about whom he had apparently been told unbelievably bloody tales.

I smiled reassuringly and put my hand on his shoulder. "Here, what are

you afraid of?"

He calmed himself and looked at me like a fierce, frightened eaglet, with the eyes of a child. Carefully I began to pull away the shirt stuck around the wound in his back. But he took the edge of the shirt from my hand and tore it away with one quick gesture and smiled, proud of himself. "A German soldier isn't afraid of pain!"

Orderly Slupecki held out a large kidney basin to me. "What a stupid shot this was, little sister," he said critically. "Why couldn't that gunner have sighted a little more to the left? Then we wouldn't have had to bother!"

Under my hand I felt the boyish heart beat. I looked at the orderly who laughed and clapped the young German on the shoulder. A hospital is a hospital. It is good that there is one place left where it is allowed not to hate.

I learned German from Alexander who had gotten his baccalaureate the previous year. He was a volunteer whose right leg had been broken above the knee. There was swelling, suppuration,

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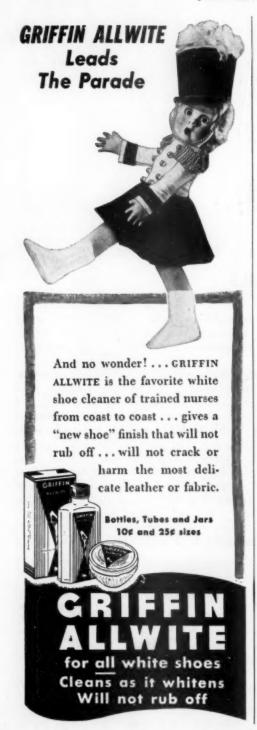
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and the doctors wagged their heads about it, dubiously. Could a bone so shattered ever grow together? He had fever, was wracked with pain—pain that rattled with loose little pieces of bone, ran with green pus, and didn't change, didn't diminish. We were almost of the same age, Alexander and I. Just a year ago, I too had gotten my baccalaureate. And now he was verging on death.

Once the nurse who dressed Alexander's leg took me along to interpret

her questions.

"Ask him, sister," she said, "to tell the truth. Why did the Germans come to Poland?"

He avoided the issue. "You Poles can't understand anything, because the history they give you is not true. But here in the hospital we don't have to speak of that, do we? Here it's different, isn't it?"

I know that Alexander was not trying to earn better treatment from us by refusing to cite his political credo. He saw it made no difference to us. He only wanted to say that a hospital was a hospital and nothing more. Here there are only those who suffer and those who try to help them. Nothing more.

Once when we were alone he returned to the discussion. He told me that Poland was a country of bad roads, miserable villages, puny children, poor social, hygienic, and cultural conditions. He said these things must be changed. I thought so too, but I didn't see why Alexander should have been called to do it. We had been working hard for the past twenty years to improve these conditions and had begun to succeed when the Germans came and showed us their methods. Alexander's answer was that only he and his comrades could bring good out of evil.

Two months later I went to Ward III to say good-by to Alexander. He looked very ill, but felt better. Not so long ago he had had a blood transfusion. When

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it was announced that they needed volunteers for a transfusion for a wounded German, two orderlies and a nurse presented themselves at once. The nurse had the same type of blood and it was she who had saved with her own blood the life of the young German.

Now that he was leaving I decided to speak frankly and sincerely with Alexander. I arranged my words with great

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"You've told me your plans, Alexander," I said. "They are like mine. We are both young. We both want to reach the top in life. We both love life and our world is not bounded only by our native countries. I want to ask you one question before you go and I shall expect you to answer it honestly. Don't you ever regret all that you've done to Poland? I understand that it was your duty, as my duty is to dress and care for your wounds. For my part, I am glad to be doing my work. But haven't you sometimes a simple, human regret for all that you've done to us?

Alexander looked at me attentively. Then he answered without hesitation.

"My only regret, sister, is to have to tell you—that I'm sorry for nothing. I don't regret a thing!"

I understood then that war was in-

finitely terrible.

RECREATIONAL STUDY

● To study the recreational and educational needs of nurses in the Army and Navy, a special committee on Army and Navy nursing has been formed as part of the Subcommittee on Nursing. It is hoped that enrollment of First Reserve nurses in the American Red Cross will be stimulated by the results of this study. The first meeting was held in Washington, D.C., on December third. Members are Julia O. Flikke, Army Nurse Corps; Gertrude Banfield, Assistant Director of the American Red Cross Nursing Service; Alma Scott, Director of the American Nurses' Association, and Sue Dauser, Navy Nurse Corps.

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Collectors' corner

[Continued from page 29]

BOOK MATCH COVERS: Any kind, from any place. Will be glad to exchange and acknowledge all letters and items. Dorothy Helfrick, 214 S. Chester Ave., Pleasantville, N.J.

POSTMARKS: Have been on a rest cure for two years and my hobby of postmark collecting has whiled away the long hours. Jean Wood, Pinecrest Sanitarium, Beckley, W. Va.

RUBY BLOCK GLASS: Also ruby thumb print. Does anyone know where this glass may be purchased? Bessie Nelson, 511 Woodbine Ave., Rochester, N.Y.

CHRISTMAS CARDS: I have quite a few cards I should like to send to an interested collector. Emilie Osterberg, 74 W. 97th St., New York, N.Y.

COOKIE RECIPES: Drop, rolled, and ice-box! If you'll be good enough to dig some up for me, I'll gladly pay postage. Berthe Bessette, 20 Devlin St., Cohoes, N.Y.

"MINT MARK" COINS: Among others, I need the following: 1912 S mint Liberty nickel; 1916 D mint Mercury dime; 1915 S mint Liberty head dime; 1932 S mint Washington head quarter; 1938 S mint Washington head quarter; 1938 D mint Liberty Standing half; 1939 D mint Liberty Standing half; 1939 S mint Liberty Standing half; 1940 D mint Liberty Standing half; 1940 D mint Liberty Standing half. What can I send you in exchange? V. B. Michalik, 339 Lafayette Ave., Passaic, N.J.

Defense

[Continued from page 28]

hospitals; third, to district medical aid centers; and as a last resort, to out-patient departments of hospitals nearest to injured persons.

After the Army and Navy needs are met, it is understood that the existing hospitals and public health agencies would have first call on available registered nurses. After these would come the medical centers, emergency squads, and other disaster relief units. Already,

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private duty nurses are being called on to fill institutional posts vacated by nurses who have signed up with the Army. Older nurses and those who have been inactive are taking refresher courses so as to be available when needed.

In addition, training has just started, under the O.C.D. and the State nurses' association, of nursing aides to assist registered nurses. These aides, who will work only under professional supervision, are being instructed to do from forty to fifty tasks (such as taking temperatures, giving baths, caring for sickrooms) which would relieve R.N.'s for more technical work. These are 80-hour courses involving 35 hours of classroom study supplemented by hospital training in hospitals with nursing schools. If a nursing shortage should develop. these aides would be taken into the hospitals to release registered nurses. At present, there are enough nurses but no one knows what the future may bring.

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CITY

Evacuation squads are a part of the emergency relief picture and these, too, include nurses, nursing aides, and first aiders. District commissions and the citywide commission are now making surveys and inventories of clothing and bedding available for emergency use, while the transportation division has signed up scores of panel trucks convertible overnight into emergency ambulances. Drays have been signed up for bigger transportation jobs. The food and fuel divisions in the districts are responsible for enough food to meet the worst possible needs for two or three meals, after which the citywide food and fuel division heads know, day by day, where the food is and how much they can get.

The city commission also has a registration and information division which would take care of the heavy task of answering inquiries from out of town and within town regarding friends or relatives who have not been heard from. This division will also register those

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The call has come. Thousands of registered nurses are preparing to serve their country—and we congratulate them on their good fortune in being physically and professionally equipped to undertake such service.

But as these nurses report for military service, an increasing number of civilian appointments must be filled. Hospitals are under-staffed—clinic groups are in urgent need of additional registered nurses.

If you are a registered nurse qualified to accept a hospital, office or clinic appointment—if at present you are unable to join those reporting for military service—will you let us know who and where you are? We should like to direct your attention to the exceptionally fine opportunities available in almost every phase of nursing. Executives, supervisors, staff nurses, school nurses, instructors, nurses trained in public health—all are needed.

Your name and address on a postcard will be sufficient to bring you one of our registration forms. The completed form will enable us to prepare an individual survey of opportunities throughout the country meeting your own personal requirements. Please write us today.

The MEDICAL BUREAU

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Chicago

whose relief needs appear to be more than temporary. Already a corps of experienced social workers are ready to serve and a small communications system has been established.

The shelter division, with the assistance of San Francisco's leading architects and engineers, has determined where it could house 374,000 of the city's 700,000 population in case their homes were destroyed. Plans have been drawn for low-cost, quick-assembly camp units to house those whose evacuation proved necessary.

Nurses are already playing many parts in voluntary emergency activities. In addition to working overtime in hospitals, they are teaching first aid and home hygiene so that every woman who is willing may be able to help out if need be.

Plans are partially completed for emergency camps in case of evacuation, with outlines drawn of roads to be



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used so as to leave main highways for Army use. Such emergency camps would be equipped with medical centers, in which nurses would play their part.

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At present, as far as possible, nurses are being used in their own districts where volunteer work is needed. Organization is not complete, the picture is still changing from day to day, there are conflicting activities to some extent and duplications of activity. But, in the words of a Red Cross spokesman, "There probably never will be a perfect disaster relief organization. Nevertheless, the preparation already made can go far towards decreasing misery and confusion, the inevitable companions of disaster."

It is worth noting that of the older or inactive nurses who have already volunteered for service in disaster work, some have asked to be given jobs that would release young R.N.'s for more exacting tasks. For instance, some have volunteered



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America's Largest Printers to the Professions 15 East 22nd St., New York, N. Y. teered to take care of the children of younger nurses so as to free them for part or full-time duty.

Nurses also will be needed, when plans are completed, for an out-patient obstetrical service which will be prepared to take care of childbirth at home in case of emergency or of failure of transportation. Such groups will probably follow the lines of the special casualty clearing teams which operate out of county medical society headquarters and which are equipped with nine doctors, three nurses, and special apparatus and equipment.—ELSA GIDLOW.

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MED

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Science in the news

[Continued from page 21]

in the University of California Medical School. This university's 225-ton cyclotron smashes beryllium atoms, to simultaneously produce the healing beams of neutrons—sub-atomic particles. Treatment causes a marked shrinking of the tumor. Fifty-nine of 120 patients with advanced cancer have been saved thus far and some have perhaps been cured with the cyclotron treatment. The patient feels nothing. The best response has been with skin cancer that extended into underlying bony structure, cancers of the mouth and throat, and primary cancer of the prostate gland

WAR NERVES

• That women are less prone to bombshock than men is the word from London's Tavistock Clinic, a center of research and training for doctors specializing in psychological medicine. The female protective instinct is a shield against the nerve-shattering effects of warfare noises. Women also recover under treatment more rapidly than men. Part of the treatment is the retelling of their experiences, and it has been found that women recall details with greater ease than men and are more willing to talk about them. Repetition invariably tends to rob the Repetition invariably tends to harrowing experience of its initial horror which is an important aid to complete recovery of normal self-control.

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war was that civilians would crack up on a large scale when subjected to bombard. ment. Even mass-hysteria was feared and elaborate arrangements made to deal with crowd panic. But psychoneurosis has been less prevalent in this war than in the last. Individual cases of bomb-shock have, of course, appeared, but many remarkable cures have been effected and many facts important to future research have been established as a result of recent experience thrust upon Britain by the Luftwaffe. Occupational therapy, hypnotism, and the use of anesthesia have been instrumental in many successful cures. Experiments described as "deconditioning" utilize recordings of air-raid noises to treat psychoneurotics.

Interesting evidence points to fact that individuals deemed most susceptible to hysteria and bomb-shock lose their neuroses when actively engaged in civil de-

fense service.

NURSING INVENTORY

• Just released is a sample tabulation of the national inventory of registered nurses based on reports from nine States, or about one-fifth of the number received from the whole country. The selected States were Colorado, Ohio, Indiana, Maryland, Louisiana, Massachusetts, Texas, Minnesota, and Washington. The group represents the several geographic regions of the country as well as rural and urban populations, and industrial and non-industrial areas.

The sample indicates that about twothirds of the nurses who filled out the schedule were active. The remaining third were not employed full time when the reports were made out. About one-fifth of the inactive nurses said they were available for full-time duty if needed. Percentages of inactive nurses available for full-time duty varied from 4.9 in Massachusetts to 9.4 in Washington, Almost half of the nurses actively employed were under 30 years of age, only six per cent were over 50. Of the actively employed group about 48 per cent were engaged in institutional work, about 34 in private practice, and about 10 in public health. Less than one per cent failed to indicate the type of nursing engaged in.

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L-DESERVED PRAISE . . . Month after month, The Mennen Comis telling the public about the great work being performed by the nurses erica in reducing the infant mortality rate. Below is one of these messages aring in full pages in Life, Ladies' Home Journal, Good Housekeeping, Il's, Parents, Congratulations, Baby Talk and other publications.



EDICATED TO THE PHYSICIANS, NURSES AND HOSPITALS OF AMERICA



What a mother never sees . . .

the child has been born. Instantly, sence starts a series of protective measures to guard that life. One of the very first steps is the anointing of the tiny body from head to foot with antiseptic oil. The baby is then trapped in a warm blanket and put to rest in the nursery.

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Because of the precautions taken oprotect infants against harmful kirms, the baby born today has a much better chance to live. In the inited States, this year, almost 100,000 babies will live who would ave died at less than one year of see 20 years ago.

Much credit must be given to the attaordinary care used in the hostital nursery to protect the baby gainst infection. Only a few spetial nursery nurses are allowed here, and they wear sterile gowns, caps and masks. The doctor examines the aby in a separate room, and he, too, wears sterile garments and sterubber gloves.

As a further safeguard, the baby is anointed at least once a day with antiseptic oil to help prevent impetigo, pustular rashes, diaper rash, excoriated buttocks, chafing and dryness of the skin.

The mother's room also is kept as safe as possible for the baby. Adult visitors may enter the room only during certain hours, and then are asked to stay away from the bed. And children visitors are never allowed.

Everyone should realize the importance of these regulations, and should cooperate with hospitals in observing them.

And, Mother, when you take your baby home, make it a safe haven also. And be sure baby is examined by your doctor at least once a month.

Today, most hospitals use Mennen Antiseptic Oil on babies. That's because it is antiseptic—helps keep the skin safer from germs. Mother, continue the hospital practice of giving your baby a complete oiling daily with Mennen Antiseptic Oil. Do this until he's at least a year old, and use the oil at every diaper change, too, to help prevent diaper rash, excoriation of buttocks and other skin itritations and infections.

And when you use a baby powder, remember that it, too, should be antiseptic. So, choose Mennen Antiseptic Powder. Made by a special process—hammerizing—it is literally smooth as air. Also, you'll like its new, delicate scent. But, most important, Mennen Powder is antiseptic.

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The Therapeutic Value of

In the management of muscular pain due to contusions and respiratory infections, in the relief of neuritic discomfort and the pain of arthritis, local measures not only prove therapeutically advantageous, but also satisfy the patient's request for "something to apply." Baume Bengué provides effective topical therapy, since it makes available through cutaneous absorption the valuable action of methyl salicylate. Its contained menthol contributes to resolution by stimulating an increased blood flow to the involved area. Baume Bengué usually enhances the effects of other indicated therapy, local or systemic.

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INTERESTING PRODUCTS

Here is a check-list on new products and services. You may have samples or literature by writing the manufacturers whose products are described on this page. Be sure to give your registration number, however. The service is available only to registered nurses.

ITCHING: Patients suffering skin discomforts—particularly itching and chafing—will welcome any help you can give them. Calmitol is said to give immediate and prolonged relief from such torments because of its mild anesthetic action. Control of pruritus will improve the patient's mental comfort, too. A trial tube of Calmitol ointment will be sent nurses on request. Thomas Leeming & Co., Dept. RN 1-42, 101 W. 31st St., New York, N.Y.

5-VITAMIN DRINK: Have you had your vitamins today? Nurses particularly need plenty to increase resistance to fatigue and winter ailments. Here is a delicious way of taking all five important vitamins—A, B₁, B₂, C, and D. Two teaspbonsful of Cal-C-Tose in a glass of milk twice daily will give you or your patients generous supplies—and provide a splendid metabolic boost when at low ebb. Obtain free samples by writing Hoffmann-La Roche, Inc., Dept. RN 1-42, Nutley, N.J.

BOOK: "Surgical Dressings" is the title of a new eighty page book just published by Johnson & Johnson, New Brunswick, N.J. The book discusses the manufacture and uses of cotton, gauze, adhesive plaster and related products. An interesting chapter describes the central supply system for dressings, now being widely adopted in hospitals. The book contains many illustrations of processes and products. Its purpose is to acquaint all men and women in the healing arts with the types of dressings available for general use, and the economical management of supplies. "Surgical Dressings" will be sent without charge to registered nurses. Write the Medical Service Department, Johnson & Johnson, Dept. RN 1-42, New Brunswick, N.J.

PINEAPPLE JUICE: A pamphlet published by the Dole Hawaiian Pineapple Company gives complete information on the vitamin and mineral content of canned Hawaiian pineapple juice. An easy-to-understand chart projects the nutritional content of this juice against the recommendations of the National Research Council. This last is popularly called the "Dietary Yardstick." It shows, for instance, that a six-ounce glass of Hawaiian pineapple juice affords 50 per cent of the recommended daily intake of thiamin for a child one to three years old. This pamphlet is not intended for consumer distribution, but will be sent to registered nurses on request. Write Hawaiian Pineapple Co., Ltd., Dept. RN 1-42, 215 Market St., San Francisco, Calif.

PERSONAL INSECTICIDE: CUPREX offers prompt and effective relief in the destruction of head lice. One application is usually sufficient to kill the parasite and devitalize its ova. Not necessary to cut hair. As easy to apply as hair tonic. Microscopic observation has shown destruction of lice in five minutes and extermination of nits in less than an hour. For free descriptive bulletin write Merck & Co., Inc., Dept. RN 1-42, Rahway, N.J.

TAMPAX: The more than sixty-five thousand requests from nurses for personal samples of Tampax show their interest in the many appealing features of this internal method of absorption of the menstrual flow. No pins, belts, or pads; no chafing or bulging. Tampax are easy to insert and remove. They come in three sizes—Super, Regular, and Junior, to fit individual needs—and in boxes of five, ten, or forty. Write for samples to Tampax Inc., Dept. RN 1-42, New Brunswick, N.J.



Cold weather, especially the invigorating and deceptively "healthy" cold, dry, sunny weather of late Fall and early Winter, gives warning of the approaching seasonal increase of colds, sore throats, and other infections of the upper respiratory tract. Changes in humidity, unequal cooling or warming of the body due to improper clothing, overheated rooms, drafts and other uncontrollable factors hamper natural defense mechanisms.

Under circumstances such as these, it is advisable to aid the natural defenses. For this purpose 'S.T. 37' Antiseptic Solution, an efficient, clinically non-toxic prep-

aration, may be applied regularly with a swab or atomizer to the mucous membrane of the nose and throat.

'S.T. 37' Antiseptie Solution is highly bactericidal and exerts a soothing, local analgesic effect on inflamed mucous membranes. The low surface tension of this preparation enhances its bactericidal power by facilitating penetration of minute tissue spaces. Moreover, 'S.T. 37' Antiseptic Solution is oil-free and may therefore be administered to patients of all ages without fear of producing lipid pneumonia. Supplied in bottles of five and twelve fluidounces.

Sharp & Dohme's

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Positions lable

Want a job? You may find it listed on these pages. To apply, write a separate application for each opening and address each one to the correct box number, care of R.N.—A JOURNAL FOR NURSES, Rutherford, N. J. R.N. does not conduct an employment service. It merely forwards your inquiries to placement bureaus and individual employers. Send no money with application. Bureaus requiring a fee will bill you. Answer Job advertisements promptly!

ADMINISTRATOR: Midwest. Opening for graduate nurse administrator qualified to take charge of small private hospital. Institution is comparatively new. Suburban location. (Placement bureau charges \$2 registration fee.) Box MB1-1.

ANESTHETIST: New England. Wanted for staff of fairly large hospital, located in large city. Entrance stipend, \$125; complete maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-2.

ANESTHETIST: West. Immediate opening in wellrated hospital with heavy surgical census; applicant must be fully qualified. Salary, \$1.25; maintenance. (Placement bureau charges \$2 registration fee.) Box C709.

ASSISTANT DIRECTOR OF NURSES: East. To join executive staff of large teaching hospital. Some supervision and teaching in addition to specially assigned duties of executive nature. Graduate nurse with degree in teaching and administration preferred. Month's vacation after year's service. Liberal entrance stipend. (Placement bureau charges \$2 registration fee.) Box MB1-3.

DIETITIAN: Pacific Coast. Wanted a dietitian with excellent background of administrative experience to take charge of department, 200-bed hospital. Duties will include complete management of kitchen and food service. Minimum entrance stipend, \$175. (Placement bureau charges \$2 registration fee.) Box MB1-4.

DIETITIAN: Southwest. To administer complete department with one assistant in 300-bed hospital; duties include buying, maintaining inventory. Salary, \$125; full maintenance; attractive living quarters. (Placement bureau charges \$2 registration fee.) Box C710.

DIRECTOR OF NURSES: Illinois. College graduate required, for well-rated hospital having college affiliation. Salary open; will be above average. (Placement bureau charges \$2 registration fee.) Box C711.

DIRECTOR OF NURSES: Midwest. Fairly large hospital, operated under auspices of one of Protestant churches. School averages 100 students. Minimum salary, \$200 (probably \$250 to start); maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-5.

DIRECTOR OF NURSES: West Virginia. Pleasantly situated hospital seeks woman with record of successful experience in this capacity. Starting salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box C712.

GENERAL DUTY NURSE: Alaska. Small hospital. Salary, \$100; complete maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-6.

GENERAL DUTY NURSE: East. Exceptional opportunity in hospital for crippled children leading to position of responsibility as ability is demonstrated. Beginning salary \$75 to \$90 monthly, according to ability and experience; includes full maintenance, attractive quarters, good food. (Placement bureau charges \$2 registration fee.) Box C714

GENERAL DUTY NURSE: Illinois. Registered nurse required; eight hour duty, five and one-half days weekly. Salary, \$95; full maintenance. (Placement bureau charges \$2 registration fee.) Box C715.

GENERAL DUTY NURSE: Michigan. Private hospital located in vicinity of Detroit. Salary, \$110; meals. (Placement bureau charges \$2 registration fee.) Box MB1-7.

*GENERAL DUTY NURSES: Washington, D. C. For 450-bed general hospital. Salary \$70 per month, with maintenance, or \$87.50 with meals and laundry furnished. For further information, apply to Director of Nurses, Garfield Memorial Hospital, Washington, D. C.

INDUSTRIAL NURSE: California. Thoroughly modern small hospital, air-conditioned, owned and operated by construction company. All diagnostic facilities, active outpatient department. Company employs approximately 2,500 men on important project. Salary, \$150. Attractive cottages available in vicinity to married nurses. (Placement bureau charges \$2 registration fee.) Box MB1-8.

INDUSTRIAL NURSE: South. Attractive opening requiring X-ray experience, ability to do simple clinical laboratory procedures. Salary open. (Placement bureau charges \$2 registration fee.) Box C717.

^{*}Not listed by placement bureau.



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Key Insurance Editor R.N.—A JOURNAL FOR NURSES Rutherford, N.J. INSTRUCTOR, CLINICAL: West. Clinical instructor and supervisor medical nursing needed by university school of nursing. Salary, \$135; meals; laundry. (Placement bureau charges \$2 registration fee.) Box MB1-9.

INSTRUCTOR, NURSING: East. Unusual opportunity in psychiatric hospital. Requires B.S. in Nursing Education, with minimum of two years' experience in nursing administration or education. Salary, \$2,000 to start, with periodic increases. (Placement bureau charges \$2 registration fee.) Box C724.

INSTRUCTOR, NURSING ARTS: Iowa. Opening in 75-bed hospital with training school averaging 40 students. Prefer experienced applicant. Salary, \$125; full maintenance. (Placement bureau charges \$2 registration fee.) Box C723.

INTRUCTOR, SCIENCE: Canada. Opening in fairly large hospital in Canadian Rockies. (Placement bureau charges \$2 registration fee.) Box MB1-10.

LABORATORY AND X-RAY TECHNICIAN: South. Small charity hospital. Applicant must be capable of handling General Electric X-ray unit and fluoroscope, and to know all standard laboratory procedures. Salary around \$150; all meals; possibly quarters. (Placement bureau charges \$2 registration fee.) Box MB1-11.

MEDICAL SECRETARY: West. Position available for registered nurse with good general education, experience with medical literature. Desirable location in western city as secretary to neuro-surgeon. Salary, \$125 monthly to start. (Placement bureau charges \$2 registration fee.) Box C718.

MEDICAL SOCIAL WORKER: Southern woman preferred for progressive municipal hospital. Sal-



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First, to the patient, because Resinol acts quickly to allay the suffering of irritated skin, often so difficult to bear. Second, to the nurse, because the dependability of Resinol, proved through 45 years' use, simplifies her own problem of helping the patient to rest as comfortably and cheerfully as possible.

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For a professional sample of Resinol Ointment and Soap, write to Resinol Chemical Co., R. N. 23, Baltimore, Md. wherever a soothing dressing is needed. And remember to try Resinol Soap, too, for cleansing and bathing the skin. It is extra pure, and delightfully refreshing; especially agreeable for sickroom use.

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ary, \$150 monthly. (Placement bureau charges \$2 registration fee.) Box C719.

NURSE-TECHNICIAN: West. Mining physician seeks registered nurse trained in laboratory and X-ray as his assistant. Mountain location providing excellent recreational facilities, both winter and summer. Salary, \$150 monthly to qualified applicant. (Placement bureau charges \$2 registration fee.) Box C722.

OFFICE NURSE: North central. With knowledge of laboratory, shorthand, bookkeeping. Office of surgeon. Duties include urinalysis, blood counts, taking histories, accounts. Partial training acceptable. (Placement bureau charges \$2 registration fee.) Box C728.

PHYSICAL THERAPIST: East. Eligible membership American Physical Therapy Assn., to direct and supervise department with two assistants. Salary, \$125; complete maintenance. Desirable living conditions. Hospital for crippled children. (Placement bureau charges \$2 registration fee.) Box C731.

PHYSIOTHERAPIST: Midwest. Small hospital operated in connection with defense industry. Salary,

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TO DO YOUR BIT where the climate is mild and pleasant and salaries are good.

Much defense work is centered in California. Help guard the health of the men who furnish the tools

for our defense. WRITE US TODAY FOR AN APPLICATION. No registration fee.

GENERAL DUTY—California. (a) A 100-bed county hospital, Central California; \$100, maintenance. (b) Small Catholic hospital; inland; \$110, meals. (c) Several general duty; Los Angeles; \$85, meals and laundry. (d) Tuberculosis experience required; \$100, maintenance. (4) Small private Arizona hospital; \$90, maintenance. (f) Private hospital on coast near Los Angeles; \$100, meals. W1

OBSTETRICS—California. (a) Private hospital, suburban San Francisco; \$85, maintenance. (b) For 200-bed private institution; Central California; \$95, meals and laundry. W2

SURGERY—California. (a) County hospital; \$110, full maintenance. (b) Catholic hospital; \$90, maintenance. (c) Private hospital near Monterey; \$100, maintenance. W3

SUPERVISORS—California. (a) obstetrical ward supervisor; large county hospital; \$125, meals, laundry. (b) Psychiatric supervisor; county hospital; \$95, maintenance. (c) Head nurse, charge small hospital near Los Angeles; open. (d) Head nurse; degree or college units; men's medical-surgical floor; large private hospital near San Francisco; \$110, meals, laundry. W4

TECHNICIAN—California. Laboratory and x-ray; small private hospital near San Francisco; \$115, maintenance.

Business and Medical Registry (Agency)

Elsie Miller, Director

609 South Grand Avenue, Los Angeles, Calif.

Resolved?

Perhaps you are one of those who in January 1941 resolved to get out of a rut and make a new connection. Does 1942 find you still making resolutions?—Resolve today and write today, stating your qualifications. We make all the contacts and relieve you of all inconvenience and detail by handling your application in a confidential yet friendly manner. No Registration fee.

ANESTHESIA: Excellent 100 bed hospital, northwest Texas, well experienced on Heidbrink machine. Shorthand helpful though not essential. Salary \$140, meals. Other openings Oregon and Penna. Box D 1

MEDICAL-SURGICAL SUPERVISOR: Qualified to develop ward teaching program in new, modern and well equipped eastern hospital of 150 beds. Salary \$115, meals and laundry. Box D 2

ARIZONA: 135 bed Catholic hospital has opening for Nursery Charge nurse with post course in Pediatrics. Six day week, 8 hour day. Start at \$100 meals. Box D 3

SURGERY: Busy 70 bed hospital near Los Angeles needs 2 well experienced Surgery nurses. 8 hour duty, alternate nights on call. Start \$85. Mtc. Box D 4

PSYCHIATRY SUPERVISOR: Small department in 230 bed county hospital. Beautiful coast city. Start \$95 Mtc. raise to \$100, in short time. 8 hour duty. Box D 5

GENERAL DUTY: (a) 125 bed hospital S.F. bay area, 2 night, one day opening \$80. to \$90. Mtc. (b) Small county hospital north Sacramento 8 hour duty \$90. Mtc. (c) Los Angeles and suburbs, registered institutions, 8 hour duty, day off week, salaries vary. Box D 6

ASST. DIETITIAN: With degree, preferably member of A.D.A. for 200 bed A-1 hospital near Los Angeles. Start at \$100. Mtc. plus bonus. Box D 7

Nurses registered in other states may make application for registration in California and other west coast states without examination.

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Loretta Dunne, Director 724 SO. SPRING ST. LOS ANGELES, CALIF. \$150; ment MB1-1

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super women rated (Placer Box C \$150; quarters in nurses' home, if desired. (Placement bureau charges \$2 registration fee.) Box MB1-12.

RECORD LIBRARIAN: South. Well-rated hospital in large city offers \$125; maintenance. Work on eight-hour daily schedule, six days weekly. (Placement bureau charges \$2 registration fee.) Box C732.

SCHOOL NURSE: To head department of health and physical education in grade and high school system of small town. Approximately 1,100 students enrolled. (Placement bureau charges \$2 registration fee.) Box MB1-13.

STUDENT HEALTH NURSE: East. Graduate nurse able to supervise outpatient and inpatient departments of student health service. State university Immediate opening. (Placement bureau charges \$2 registration fee.) Box MB1-14.

SUPERINTENDENT OF NURSES: Florida. Private hospital located in fairly large winter resort city. School averages 50 students. (Placement bureau charges \$2 registration fee.) Box MB1-15.

SUPERVISOR, MEDICAL-SURGICAL: Illinois. Opening in newly constructed hospital. Excellent working conditions. Salary open, but will be well above average. (Placement bureau charges \$2 registration fee.) Box C736.

SUPERVISOR, NIGHT: California. Graduate nurse qualified to take complete charge of small hospital at night. Knowledge of obstetrics, especially advantageous. Minimum salary, \$100; complete maintenance. (Placement bureau charges \$2 registration fee.) Box MB1-16.

SUPERVISOR, OBSTETRICAL: West Virginia. Opening for nurse with post-graduate training in obstetrics and ward administration. Pleasant city. Salary, \$115; meals; laundry. (Placement bureau charges \$2 registration fee.) Box C726.

SUPERVISOR, OBSTETRICAL: South. Teaching hospital having obstetrical department averaging 120 deliveries monthly. Will have three assistants. Nursing staff on floor averages 30 nurses. (Placement bureau charges \$2 registration fee.) Box MB1-17.

SUPERVISOR, OPERATING ROOM: Ohio. Opportunity in 85-bed hospital offers \$105; maintenance. If qualified in anesthesia, able to teach surgical technique, will pay \$125; maintenance. Pleasant living conditions. (Placement bureau charges \$2 registration fee.) Box C729.

SUPERVISOR, PEDIATRIC: New York. Opening for pediatric supervisor in small private hospital, located in college town. (Placement bureau charges \$2 registration fee.) Box MB1-18.

SUPERVISOR, PEDIATRIC: New York. Opening in 20-bed department in western New York hospital. Salary, \$100 monthly. Advancement dependent upon ability. (Placement bureau charges \$2 registration fee.) Box C730.

SUPERVISOR, PSYCHOPATHIC: West. Graduate nurse qualified to supervise psychopathic unit in teaching hospital needed. Unit averages 150 patients. (Placement bureau charges \$2 registration fee.) Box MB1-19.

SUPERVISOR, PRIVATE PATIENT DEPT.: West. Teaching hospital. Salary, \$110, including meals; laundry. (Placement bureau charges \$2 registration fee.) Box MB1-20.

SUPERVISOR, SURGICAL: Pennsylvania. For women's floor of large hospital. Institution is well-rated professionally. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box C737.

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	37
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Lever Brothers Co. 10, Linde Air Products Co.	38
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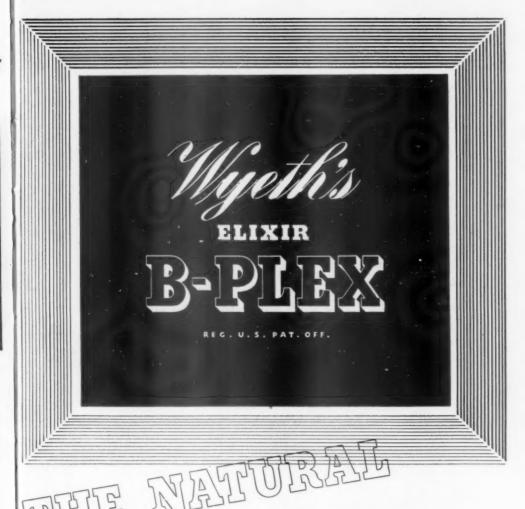
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